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Communities within communities - an ecosystem to support ageing-in-place

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Communities within Communities – An Ecosystem to Support Ageing in Place

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Abstract

People in the UK are living longer. An ageing population, changes in health status and increasing life expectancies have led to the rise in demand for Adult Social Care (ASC) in the UK. To meet this rising demand, one focus for long-term care (LTC) providers has been to create LTC schemes for older people that have a community focus. Although there has been an increased emphasis on creating communities within LTC schemes in the NHS policy agenda and there are potential health and financial benefits of creating communities, there has been limited research on how to 'create' communities in these settings.

This research, therefore, aimed to investigate the development of communities within LTC settings for older people. Mixed-methods research was undertaken in collaboration with two innovative LTC facilities in the West Midlands; one that aimed to create a community within the home and another that sought to create a community together with the wider community. The community capitals framework guided the research. This framework was used to identify potential communities within the LTC settings and evaluate the resources available that helped these communities to grow and those that formed barriers. The research methods employed included key informant semi-structured interviews with care staff and management; built environment utilisation surveys of the communal spaces; and focus groups, interviews and social network mapping exercises with residents in the LTC schemes.

There were four principal findings from this research. The first finding is that there were three types of community identified in each setting. They were place-based, interest-based and an overall LTC community. All three types of community formed part of the LTC community ecosystem. The next finding from this research is that most of the identified communities could be classified according to their leadership structure. Both residents and staff were identified as the common leaders for the LTC communities. Finding three highlights how each community required different capital assets to develop – combining different assets led to different community structures. The final finding from this research is that the reciprocal relationships between community members helped to create and maintain the LTC communities.

While the LTC environments fostered the growth of different communities and a community ecosystem, this research has demonstrated that creating communities was a complex process. People were at the heart of the communities, so should be the focus of any efforts used to create communities. This research contributes to knowledge, providing an insight into the process of creating communities in two different LTC settings for older people.

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Tables, Figures and Boxes

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List of Acronyms

ASC – Adult Social Care

CCF – Community Capitals Framework

CQC – Care Quality Commission

DFID – Department for International Development

EHCH – Enhanced Health in Care Homes

LGA – Local Government Association

LTC – Long-Term Care

NHS – National Health Service

NICE – National Institute for Health and Care Excellence

ONS – The Office for National Statistics

SLA – Sustainable Livelihoods Approach

SOC – Sense of Community

Chapter 1 – Creating Communities within Communities

1.1 Introduction

This thesis explores the process of creating communities within long-term care (LTC) settings for older people in the UK. Unlike previous studies in LTC settings that focus on abstract notions of the term 'community', the focus of this study is on the identification and the development process of specific communities within these settings. This approach has been taken as there has been a rise in the demand for LTC schemes with a community focus. There are also policy recommendations from NHS England for developing new and existing community assets in residential schemes for older people (NHS England, 2020). However, there is a limited evidence-base on how to create communities in LTC settings for older people. This thesis, therefore, aims to address a research and policy gap. Discovering a conceptual framework that can be used to identify and measure communities in these settings can also help to form a foundation for future evaluation of the efforts used to create communities in these schemes.

In this introductory chapter, I begin by discussing the background of the research. Next, I introduce the research problem, the gap in the literature and the policy gap. Following this, I identify the aims and objectives of this research. This chapter concludes with the thesis structure, where I describe how each chapter contributes to the overall research aim.

1.2 An Ageing Population

The UK has an ageing population. People are living longer, and the average age of cities is on the rise (ONS, 2016). In 2020, the Office for National Statistics reported that the cohort of the population featuring those aged over 65 was rising at a faster rate than the rest of the population. This has been represented by a 23% increase in the number of over 65s in the UK population over the past ten years. By 2045, the Office for National Statistics (2017) predict that the number of over 65s will increase in proportion from 18.5% of the UK population to 25% of the UK population.

The ageing UK population is the result of an increase in life expectancy. Approximately 22.6% of newborn boys and 28.6% of newborn girls born in 2018 are expected to reach their 100th birthday (ONS, 2018). This contrasts to the year 1920 when baby boys were expected to live to 55 years while baby girls were only expected to live to see their 59th birthday (Raleigh, 2020). While there have been visible short term impacts of the excess deaths on life expectancy in these age groups as a result of COVID-19, Raleigh (2020: 1) suggests that the overall impact of the pandemic on life expectancy "will become clearer in due course."

Although people alive today are expected to live longer, the Office for National Statistics (2018) suggest that the increase in life expectancy will have an impact on the time that an individual will spend in poor health. This is due to social care requirements increasing with age. For example, they found that more than twice as many women aged 85 and over had problems with washing and dressing compared to those who were aged 75 to 84. Similarly, Age UK (2019) reported that the number of health difficulties an individual has to contend with also increases with age. They state that over 1 in 3 people aged 80 or older need some level of care and support. They contend that these increased health difficulties have contributed to and will continue to contribute to the rising demand for care. Overall, an ageing population, changes in health status including increased morbidity and disability, and increasing life expectancies have all been attributed to the rise in demand for adult social care (ASC) in the UK (Age UK, 2019; ONS, 2018).

1.3 Community Living

The rise in demand for ASC in the UK has been accompanied by an increase in the number of care options available for older people (see Section 4.2). Bazalgette and Salter (2013: 1) argued that this is because "older people with changing priorities and higher expectations" need new housing options and attractive choices. The Local Government Association (LGA) (2017) concluded that a better range of options is necessary to meet the expanding needs of the ageing population.

One way that LTC providers have tried to meet these changing demands and adapt to the changing circumstances has been by creating residential schemes for older people that have a community focus (Evans et al., 2017). One such community focused option are retirement villages. These villages usually mix tenure (opportunities to rent or share ownership of properties) and provide different housing options (Meenan, 2015). They also offer many facilities and activities that aim to provide residents with an opportunity to participate in community life (Evans, 2009a). Similarly, extra care facilities/options have also been created, offering housing with care. Extra care schemes provide opportunities for individuals to have their own accommodation and pay for care if they need it (Evans, 2009a; Meenan, 2015). These different types of schemes aim to promote independence and community living.

In the UK, policy has also promoted creating communities within LTC schemes for residents with higher care needs, namely residential and nursing care homes (see Section 4.2 for definitions). The Framework for Enhanced Health in Care Homes (EHCH) promotes the development of new and existing community assets to improve the health and wellbeing of

residents in care homes (NHS England, 2016; NHS England, 2020). Similarly, to improve the experiences of care and support for people who use adult social care, guidance from the National Institute for Health and Care Excellence (NICE) recommends that in residential care settings managers and staff should promote a sense of community and provide mutual support (NICE, 2018).

The Social Care Institute for Excellence (2017) also promote two methods for creating communities within LTC facilities for older people. The first is by adopting the view that the "care home 'is' a community" (SCIE 2017: 13). In this approach, viewing the home as a community should create an environment where individuals support each other. The second approach is through the suggestion that the "care home is 'in' a community" (SCIE 2017: 14). SCIE (2017) suggest that the care home should be open to the local community. In this scenario, individuals can benefit from interaction with the wider community outside of the home. Evans et al. (2017) also suggested that having shared onsite facilities, including restaurants, hairdressers, cafés and activity rooms that are open to both residents and the wider community, can help to create community hubs. Sharing facilities with the wider community has also been reported to help aid community cohesion and create community links (Callaghan et al., 2009; LGA, 2017).

1.4 Motivations for Creating Communities

While there has been a rising demand for ASC in the UK and the development of LTC schemes for older people that have a community focus, there are also further motivations for creating communities within LTC schemes for older people. First, there has been an increase in the demand for community living in LTC settings from actual and potential residents. In the 1996 Centre for Policy on Ageing report – A Better Home Life, various social reasons were cited for admission into care. These included enjoyment of living in a group and companionship. Over ten years later, Bäumker et al. (2011) highlighted the continued importance of relationships, and community as motivations identified by older people as to why they moved into LTC settings. More recently, Evandrou et al. (2015), investigated the motivations of individuals for moving into residential housing. They identified that the opportunity for social interaction within the care environment influenced the chosen care scheme.

Next, there are associated health benefits of living and participating in community life. Social participation enhances an individual's quality of life, improves their cognitive health, is beneficial for general health and wellbeing, and it can lead to a lower risk of morbidity and premature mortality (Berkman et al., 2000; Glass et al., 1999; Levasseur et al., 2004; Moody

and Phinney, 2012; Umberson and Montez, 2010). Therefore, creating communities in LTC settings could have health benefits for the residents living in these schemes and the staff working in these schemes.

Another motivation for creating communities in LTC settings for older people is that communities can increase the levels and range of support available to residents. This support can help to alleviate the issues of loneliness prevalent among residents living in these settings (Victor, 2012). As improvements in social relationships can reduce loneliness (Victor and Bowling, 2012), creating communities within LTC settings can help to reverse the deteriorating effects of loneliness and isolation (Knapp et al., 2012; Pitakala et al., 2009).

Developing relationships between staff and residents in an LTC community has also been claimed to lead to a reduction in staff turnover rates, hinting towards potential financial benefits for the operators of care homes (McGilton et al., 2003; Rantz et al., 2003).

Combining the factors cited above that are potential motivations for creating communities in LTC settings with the advocacy of creating communities by the UK Government (HM Government, 2018; Ministry of Housing, Communities and Local Government, 2019) and by the NHS (NHS England, 2016; NHS England, 2020), suggests that creating communities in LTC schemes should be a development aim for current and future providers of LTC schemes for older people.

1.5 Research Problem

In the UK, there has been a rise in the demand for LTC schemes that have a community focus (ARCO, 2020). Although health and financial benefits have been cited as potential motivations for creating communities in LTC settings, there have been many challenges in the attempts to create them. First, the term 'community' is contested. LTC providers have used the term as a marketing tool to advertise their schemes to prospective residents, but there is no clear definition of the concept of community in a care home setting (Evans, 2009a). The term community has also been proposed to mean everything and also mean nothing (see Section 2.4). This introduces a challenge when attempting to create communities in LTC settings, as in order to create a community, we have to know what we are aiming to create.

The next challenge relates to the actual development of LTC communities. While research has been conducted on developing LTC schemes (Robinson et al. 2019), developing actual communities within LTC settings for older people is an underexplored area (Barnes et al. 2012; Bernard et al. 2012; Evans, 2009a; West et al. 2017). What little research that has

been done has tended to focus on communities in retirement communities and extra care settings rather than other types of LTC setting. There has been very limited research on creating communities in alternative settings such as residential care homes for older people. As this is a growing policy area (NHS England 2016; NHS England, 2020; NICE 2018), this suggests that the lack of research on this topic is a policy gap. Furthermore, there has also been minimal research on how we can measure the resources that are available to help to create communities in LTC settings for older people living in the UK.

This thesis aims to address this gap in the research literature by identifying communities within LTC settings for older people and by exploring the process of creating communities within these settings. This research also aims to bridge the gap between the methods of developing communities in an extra care setting and a residential care setting in the UK. It also aims to address the policy gap relating to the development of new and existing community assets (NHS England, 2016; NHS England, 2020), by identifying the resources available in the two settings that have helped to add to the two schemes' community creation efforts.

Identifying the processes for creating communities will allow for future evaluation of community creation efforts within LTC settings for older people. Identifying the possibility for community membership can also be used as a foundation to evaluate the benefits of community support for older people living in LTC facilities.

1.5.1 Definitions

This thesis focuses on the development of a community ecosystem. An ecosystem is an environment where organisms can "work together to form a bubble of life" (National Geographic, 2020: 1). In the LTC setting environment, we know of at least two communities – the residents living there and the residents and their families. Section 1.3 introduced further potential communities, including the staff working in the LTC schemes (creating a community within the LTC setting) and the possibility for the wider community to have an influence on the LTC setting. This study aims to explore the different communities within the LTC settings and the potential for these communities to form a community ecosystem.

1.6 Research Aims and Objectives

To address the challenges posed above, this thesis explores the following aim:

Aim**:** To investigate the development of a community ecosystem in long-term residential care facilities for older people using an extra care setting and a care home as exemplars.

This study will explore four objectives to help to understand the processes used to create communities in LTC settings for older people and the sources of community support available to residents living in the LTC schemes. The research objectives are:

Objectives:

1. To review research, policy and practice on the concept of community and the types of community engagement within long-term care facilities for older people
2. To map the community capitals in the sampled long-term care settings to investigate the process of creating communities within residential settings for older people
3. To critically evaluate the barriers and facilitators to the development of communities in the two sampled long-term care settings
4. To evaluate the sources of support available for residents living in the two sampled long-term care settings

1.7 Situating the Research

The research was undertaken at two LTC schemes for older people in the UK (see Section 4.3.1). One scheme was an extra care setting, and the other was a care home. These schemes were chosen as they were purpose-built with a community focus. The extra care scheme was created at the heart of a community, with the idea that the scheme was '' 'in' a community'' (SCIE 2017: 14). While the care home was built based on the concept that the ''care home 'is' a community'' (SCIE 2017: 13), with community facilities in the scheme. The providers wanted to investigate whether or not there were communities within their LTC facilities and understand the factors that helped to stimulate these communities.

Since February 2020, when the coronavirus situation started to hit the UK, due to the heavy death toll experienced, LTC settings for older people have been in the spotlight (Guardian, 2021). This data collection was completed before the pandemic, so it reflects the situation before the COVID-19 regulations were put into place. Findings from the Paddock Johnson Partnership (2020), however, highlight the continued importance of communities for older people living in LTC schemes in a post-COVID-19 scenario. Although this research was done before the pandemic, in a context of high death rates and restrictions on external visitors in LTC settings, 'community' and the findings from my study are still important in a post-COVID-19 world.

1.8 Structure of the Thesis

Figure 1 presents a diagram of the structure of this thesis. It displays the thesis chapters and the focus of each chapter. This first chapter has introduced the research aim, the research

objectives, and highlighted the rationale for this study. The following chapters aim to investigate the concept of community and the processes used to create communities in LTC settings for older people.

In Chapter 2, I explore the concept of community. The chapter begins by identifying the traditional definitions of community. It investigates the factors that have led to a change in the meaning of community, and it presents the modern idea of community. It also explores the meaning of community to older people, an important concept as the research aimed to understand communities within LTC settings for older people. Following this, the chapter introduces a definition for community which was used in this research. Once the community definition has been devised the chapter then explores the key characteristics that help communities to develop and help them to be maintained. The second half of Chapter 2 introduces the principles of creating a community within LTC settings for older people. Following recommendations from Davies and Brown-Wilson (2006), the chapter explores the measures of community engagement implemented in LTC facilities for older people.

While Chapter 2 focuses on defining the term community, Chapter 3 explores potential methods that can be used to measure the community creation process. The chapter presents and discusses the community capitals framework, the tool chosen to measure the community creation efforts in the LTC settings for older people by this research. As this framework has not been applied to an LTC setting before, the chapter explores potential applications of the Capitals Approach to the LTC setting. It explores studies that have used the capitals framework and makes inferences about its potential application to LTC settings for older people. Following this, the chapter introduces a conceptual framework for the research which underpinned this study.

Chapter 4 presents and discusses the methodology for the research. It begins by introducing the research questions that were used to explore the research aims and objectives. Following this, the chapter explores the pragmatic mixed-methods approach that was adopted for the research. The chapter then presents the three phases of research – Phase 1, contextual research; Phase 2, observation research and Phase 3, resident research. The chapter explores the role of document analysis and semi-structured key informant interviews as the foundation for the research (Phase 1). Following this, the chapter presents utilisation mapping alongside built environment surveys as the basis for the observation research in Phase 2. For the final phase of research, the chapter discusses the focus groups, semi-structured interviews and the social network mapping methods used with the residents in the LTC settings.

Once the research methodology has been explored in Chapter 4, the chapter then discusses the data analysis approach. It presents the mixed-method data triangulation approach. The chapter then presents and discusses the process used to identify the communities within these settings and the barriers and facilitators to these communities. This chapter also presents the ethical and positionality considerations associated with the research.

Chapter 5 is the first of the two empirical results chapters. This chapter focuses on the role of the built environment in creating communities within the LTC schemes. The chapter argues that communities of place were able to develop in both schemes. The chapter presents the communities from the care home – the household community and the café community. It also presents the communities from the extra care setting – the residents' lounge community and the café community. In all communities, the spiralling up process and the barriers and facilitators to their development are presented and discussed. This chapter identifies the potential for individuals to hold multiple memberships to different communities at the same time. The chapter also discusses how relationships had developed in both LTC schemes. Throughout the chapter, there is an emphasis on the role of people (human capital), on the development of communities of place in both schemes.

Chapter 6 is the second empirical results chapter. This chapter forms three functions. The first aim of this chapter is to present the role of social activities in helping to create communities within both LTC schemes. In both schemes, there were different communities of interest available for the residents to join. These communities were identified to have different leadership structures, being scheme-run, resident-run or a combination of both approaches. The chapter also explores the potential for externally-run communities of interest to exist within the extra care setting. Each section presents and discusses the barriers and facilitators to the development of these communities. The chapter also explores 'one-off special events' and their role in community life in the LTC schemes. The first section of this chapter also identifies the importance of people when developing communities. This time there is an emphasis on the role of people in the development of communities of interest.

In the middle of Chapter 6, there is also a short section that presents two residents' social networks. This section aims to illustrate the idea that residents had the potential to have different sources of support, both inside and outside of the schemes. The final part of Chapter 6 explores the community ecosystem, which features the place-based and interest-based communities presented in Chapter 5 and 6. This ecosystem presents the communities, the potential members and the barriers and facilitators to the communities. It offers a physical representation of the idea of community introduced during Chapter 2.

Chapter 7 presents and discusses the findings of the research. The chapter begins by exploring the relationships between communities, the community ecosystem identified in each scheme and revisits the concept of community introduced in Chapter 2. Following this, the chapter examines the four processes of creating communities presented in Chapter 2, against each identified community type. The chapter also evaluates the original conceptual framework, identifying the similarities and differences between the proposed method of creating communities and the identified method in both settings.

The chapter then presents and interprets the main findings of this research. These findings are:

> Finding 1: The LTC settings had a community ecosystem featuring different communities
> Finding 2: Most of the LTC communities were classified according to their leadership structure
> Finding 3: Each community required different assets to develop
> Finding 4: Reciprocal relationships were central to the development of the LTC communities

The final sections of this chapter evaluate the revised conceptual framework. This includes relating it to the ecosystem diagram presented in Chapter 6 and identifying the impacts of variable and static capitals on the processes used to create communities in both schemes. The chapter introduces the methodological, empirical and theoretical contributions to knowledge, and it concludes with the limitations of the research.

Chapter 8 is the final chapter in this thesis. It offers a conclusion to the research. It explores how the research has addressed the challenges posed in this chapter and how the research has met the aim of this research. The chapter then presents ideas for future research, first with general ideas for future research. Then with future ideas for research that reflects the considerations that will have to be made due to the change in the landscape for community creation in LTC settings based on the COVID-19 pandemic. The chapter ends with my concluding thoughts.

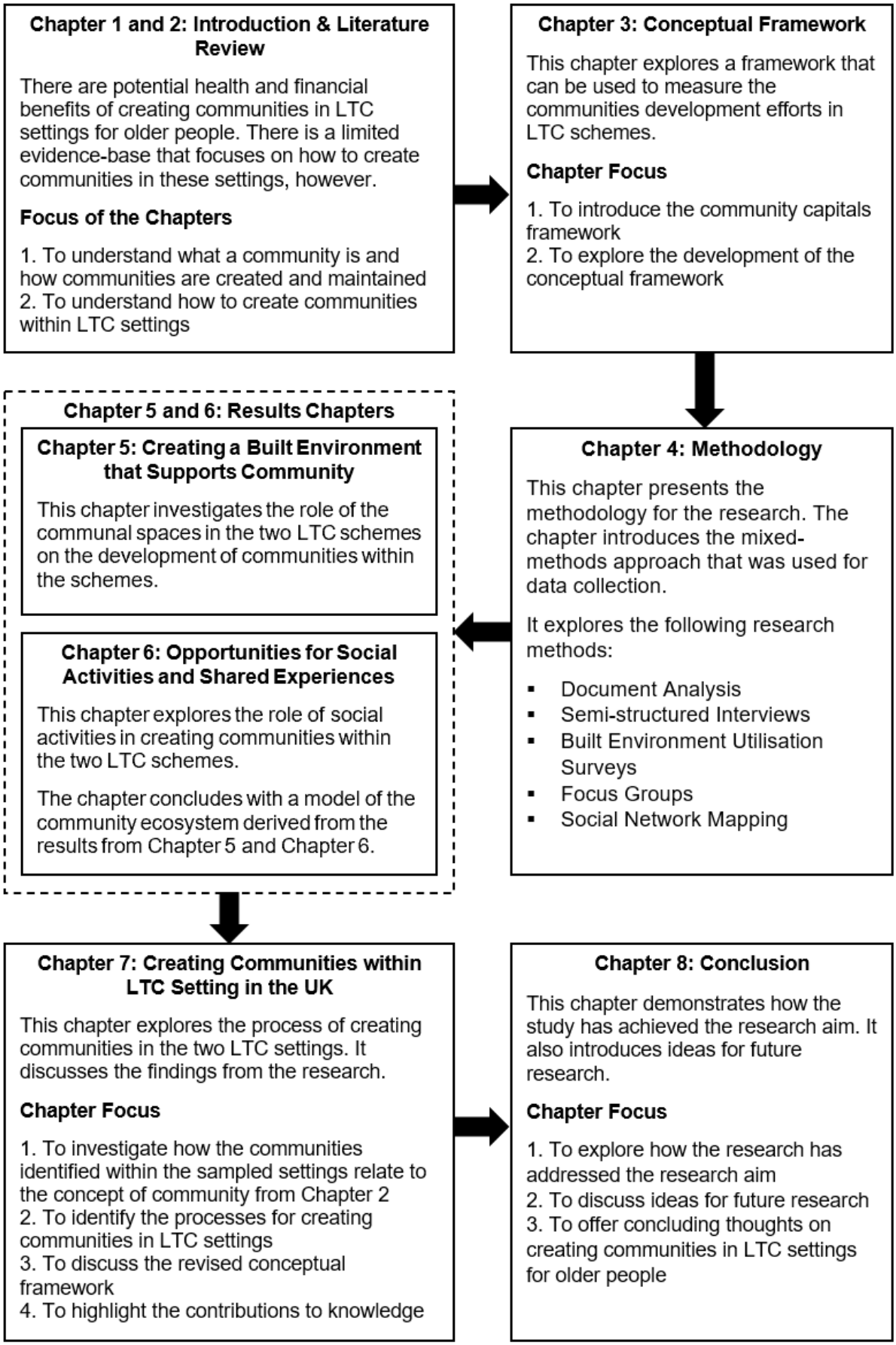


Figure 1. Structure of the Thesis (Source: Author, 2020)

Chapter 2 - Understanding Community

2.1 Introduction

Chapter 1 addressed the motivations for creating communities in LTC settings for older people. Although communities have been the focus of many LTC developments in the UK, the chapter reasoned that there was little research on the community creation process in these settings.

This chapter synthesises some of the information derived from the scoping reviews of the literature that were performed to explore how to create communities in LTC settings. Further information about the scoping reviews, resources explored, and examples of search term are presented in Appendix B.

The chapter aims to explore the definition of community. The chapter situates the term in the past and the present to understand how the concept has evolved over time. This is important, as, in order to create a community within an LTC setting and evaluate how the LTC schemes in my study have approached the task, I will need to define what is meant by the term community.

I begin with a short discussion on what a community is. Next, I highlight the traditional interpretations of the word community. I then introduce ideas about the decline of traditional communities, leading on to the beliefs about communities in the modern world. Following on from this, I introduce the importance of the word community to older people, as justification for using the term within my study. After that, I define community and list features of a community that can help it to develop and also be maintained. The final sections of this chapter present four methods to create communities within LTC settings. These sections detail how LTC schemes have aimed to create communities, and they also discuss potential barriers to the formation of communities.

2.1.1 What is a Community?

Community is a word that evokes both feelings and meanings (Bauman, 2013). It has been used to represent warmth, belonging and friendship (Bauman, 2013; Levinson and Christensen, 2003; Netting et al., 2016). Reminiscing about community life has also been suggested to induce positive memories and a sense of nostalgia. These characteristics have led to the common perception that it feels good to live in a community and that there is a quest for community life (Bauman, 2013; Evans, 2009a; Levinson and Christensen, 2003; Netting et al., 2016). Lawthom and Whelan (2012) argue that the term community has both abstract and concrete meanings. The descriptors of community above, represent the

abstract meanings. In order to define what a community is, a concrete definition of traditional communities will now be explored.

2.2 Traditional Communities

Geographical location was an important feature in historical definitions of the word community. Traditionally, people were a member of one community, their local community (Evans, 2009a). Traditional communities were most commonly associated with the close-knit social relationships between locals within geographical neighbourhoods (Chua et al., 2011; Hillery, 1955; Lee and Newby, 1983; Willmott, 1986). Traditional communities that depend on the built or natural environment are more generally classified as communities of place, place communities, or place-based communities, with all three phrases used in the literature interchangeably (Bessant, 2018; Matarrita-Cascante and Brennan, 2012; Pawar, 2014).

Local communities of place were developed through regular interaction between residents living in a shared locality (Bessant, 2018; DeFilippis, 2008; Flora et al., 2016; Green and Haines, 2016; Pawar, 2014). Wellman (2001a) categorised these communities as being door-to-door, noting that social interaction was conducted through face-to-face communication. Due to two main reasons, in the past, an individual's social network and their community was limited to their immediate geography (Bessant, 2018; DeFilippis, 2008; Flora et al., 2016; Pawar, 2014). Firstly, as social institutions within the community were able to meet the residents' needs, they did not need to leave their immediate locality (Bessant, 2018; Flora et al., 2016). Secondly, due to limited geographic mobility and transportation options, even if residents wanted to leave, many were unable to do so (DeFilippis, 2008; Pawar, 2014). These factors meant that traditional communities were spatially bound (DeFilippis, 2008; Pawar, 2014).

Bessant (2018) argued that living within close proximity created regular opportunities for residents to have contact with one and other and that it was this contact and interaction that enabled traditional communities of place to both develop and be maintained. As residents worked, worshipped, shopped and were educated locally, they had shared social institutions such as schools, churches and businesses (Bessant, 2018; Flora et al., 2016; Green and Haines, 2016). These institutions were where residents' needs were met, and they provided residents with opportunities for sustained mutual interaction (Bessant, 2018; Flora et al., 2016; Pawar, 2014). Residents also had access to shared informal social spaces within the community, such as garden fences and village squares (Age Cymru, 2011; Jurin, 2012). Formal and informal social spaces within the community functioned as meeting points where residents could talk, gossip and find out about community news (Age Cymru, 2011; Jurin,

2012). These shared spaces also allowed residents to develop social networks to access information, support and resources (Bessant, 2018; DeFilippis, 2008).

An important feature of traditional communities of place were shared experiences. Regular contact with other residents in shared spaces, such as social institutions, allowed residents to build a shared set of experiences (Blackshaw, 2010; DeFilippis, 2008). Shared experiences helped to develop cohesion within the community (Abbott et al., 2000; Banks and Butcher, 2013). Shared experiences within the shared community spaces also helped to sustain both friendships and the community (Bessant, 2018; DeFilippis, 2008). Overtime the sustained mutual interaction by residents in both formal and informal spaces and the shared experiences that were accumulated were thought to have led to the development of a shared identity. Feeling part of the local community also generated an attachment to both place and the people who lived there. This created a sense of community in traditional communities of place (Bessant, 2018; Blackshaw, 2010; DeFilippis, 2008; Jurin, 2012; Pawar, 2014).

DeFilippis (2008) contends that traditional communities of place were mediated through shared experiences and social interaction. Matarrita-Cascante and Brennan (2012) supplement this idea stressing that in order for traditional communities to be maintained and exist, social interaction was essential. Traditional communities of place, therefore, required a geographic location and shared community spaces. These spaces functioned as places for people to converge, generate shared experiences and create a shared identity.

2.2.1 The Decline of the Traditional Community

For over 100 years, there has been an ongoing debate surrounding the existence of communities of place in the modern world. Early social theorists including Tonnies (1855-1936), Durkheim (1858-1917), Marx (1818-1833) and Weber (1864-1920) claimed that industrialisation and capitalism would disrupt traditional communities of place (Hodgett, 2003; Netting et al., 2016). They viewed small geographical communities as unimportant in the realm of capitalism and believed that based on this factor, traditional communities would disappear altogether (Hodgett, 2003; Netting et al., 2016). Tonnies (1887) believed that industrialisation and urbanisation would alter social relationships. He explained that the strong social ties, the mutual care and the mutual support that was found in traditional communities of place would be transformed into weak ties, with people interacting merely to complete tasks. DeFilippis (2008) deduced that there was truth to their belief as not only did capitalism give place to the community, it also eroded it.

Societal changes within the UK over the past 50 years have led to the continuation of the debate over the existence of communities. Slum clearances after WWII and the decline of

traditional manufacturing industries led to traditional communities of place becoming geographically dispersed (Blackshaw, 2010). Globalisation and urbanisation also contributed to the geographical dispersion of people, as advances in transport options, both increased mobility and created highly mobile populations (Jurin, 2012). An analysis of the community literature by Mannarini and Fedi (2009) deduced that these changes in society led towards the loss of community. They discovered that individuals spent less time in their neighbourhood, and the utilisation of shared social systems by residents declined, so shared experiences and regular interaction was limited. They also suggested that formal primary ties were replaced with informal secondary ties. Boase and Wellman (2006) supplement their argument stating that societal changes led to a reduction in the quality of social relationships between locals, disconnecting place from community. This aligns with early propositions from Lee and Newby (1983) and Kirby (2000) who reported that disposable relationships and indirect interactions would produce a harmful effect on the traditional community.

Blackshaw (2010) theorised that as people were no longer geographically isolated, and they had contact with people from different localities, the attachment to place that was prevalent amongst traditional community members would cease to exist. Similarly, Jurin (2012) contends that as communities were no longer spatially bound, the relationship between place and community would become increasingly fluid. Consequently, he argued that people would no longer have roots where they lived. Societal change in the 20th century was, therefore, attributed to the decline of traditional communities of place. Mannarini and Fedi (2009) believe that these changes, including the ability for residents to get their needs met outside of their community, led to the erasure of conditions for the formation of traditional communities of place. This echoes ideas from Ife (2013), who evaluated community change and concluded that the increase in mobility and globalisation contributed to the destruction of traditional community structures.

A further factor that was proposed to lead to the erosion of traditional communities of place was technology. Bessant (2018) emphasised the link between technology advancement and the replacement of close-knit ties with weak ties. Globalisation and more specifically, technology was also believed to shift the focus from the community to the individual (Ife, 2013; Jurin, 2012). This change led to fragmentation within society becoming commonplace, and although people live in groups, Jurin (2012) believes that they may feel like strangers. He also states that people no longer care for each other and that there is an increased sense of social exclusion. This aligns with earlier ideas from Allan (2003), who suggests that

there is a widespread belief that there is a breakdown in community, based on traditional standards.

Overall, societal change is proposed to have impacted on traditional communities. DeFilippis (2008) declares that the community realm has been irrecoverably altered by capitalism. The changing role of community in the 21st century is amplified by Pawar (2014: 21) who states, "In the traditional sense community is not a significant element of interaction in Western Society."

2.3 Modern Communities

Although communities should not exist in the contemporary world, they do (DeFilippis, 2008). The increase in transport possibilities and a rise in alternative communication forms, such as telephones and the launch of the internet, led to a movement away from traditional door-to-door communities but, it led to communities being redefined as place-to-place (Wellman, 2001a). Groups could be connected to those who did not live close by, and the household could be visited through phone calls (Wellman, 2001a). Following this, recent advances in technology have introduced different methods of communication and diverse landscapes for communities to exist within (Blackshaw, 2010). This change has been categorised as the shift from physical places to virtual and social networks (Flanagan, 2010). Communities can now be considered as person-to-person. The "person has become the portal" (Wellman, 2001a: 238).

Modern-day communities extend further than where an individual lives (Amit, 2002; DeFilippis, 2008; Netting et al., 2016). Amit (2002) contends that communities surpass the social institutions and relations that were once key foundations for traditional communities of place. Rather than criticising technology for eroding traditional communities, he commends technology for increasing the possibility of new communities. Netting et al., (2016) complement this idea arguing that there are many long-distance communication tools such as Twitter and Facebook that enable worldwide communication with relative ease. They believe that with an increase in technology and means of communication, the concept of community should be radically redefined for the postmodern world. Similarly, Chaskin (2013) deems community to be a dynamic term that should be reshaped to respond to forces such as globalisation and technology.

Contrary to the proposition about the loss of community introduced in Section 2.2.1, Allan (2003) suggests that communities still exist in the 21st century. He argues that although communities are not structured the same, friendships and solidarities may be increasingly significant in the modern world both socially and personally. He also states that technology

contributes to the development of modern social relationships. This suggests that strong, close-knit social ties can develop in modern communities without the reliance on local social systems and the focus on place-attachment that was advocated in arguments for traditional communities of place.

Although individualism, exclusion and alienation have been acknowledged as harmful by-products of modern societies, Chaskin (2013) believes that it is these factors, rather than eroding modern communities, that have led to the search for community. Even if communities do not exist in the modern world, there is an active search for community. At the macro level, global organisations such as the world bank and the UN have sought to strengthen communities worldwide (Held et al., 1999). Governments have also aimed to recreate communities, with Hodgett (2003) stating that there is a governmental quest for community in order to counter the negative factors of modern life. At the micro-level, people have also been on the quest for community (Immerwahr, 2015). Early propositions by Held et al. (1999) introduced the search for community. More recent additions from Immerwahr (2015) introduced the search for small group life. Jurin (2012) supplements both ideas stating that people are in search of a lifestyle and community that they perceive to exist.

As globalisation grows in prominence, White (2003) believes that there will be an increasing reliance on the community. This echoes the thoughts of early scholars such as Held et al. (1999), who predicted that there would be a re-established search for a sense of community as globalisation increased. There may be an ongoing debate and doubt over the existence of community, but community is a word that has remained prominent over the last 100 years and in more recent times a word that has faced a resurgence.

2.3.1 Modern Communities of Place

Geography was important for the traditional understandings of the term community. Advances in technology, communication and an increase in transportation methods have transformed society and raised questions as to whether communities in the 21st century are still place-based (Matarrita-Cascante and Brennan, 2012). Many scholars have identified arguments against the existence of modern communities of place. There are various facets to this line of reasoning. The discourse surrounding the existence of modern communities of place centres around the involvement of individuals in their local neighbourhoods. Jurin (2012) states that people may live in a community, but they may not engage in the community. Blackshaw (2010) attributes this to neighbours being less reliant and rarely bound with each other. He believes that this has led to a reduction in shared experiences in the local neighbourhood. Another factor that has reduced shared experiences in the local

neighbourhoods is the fall in the use of local social systems. Flora and colleagues (2016) contend that this is because geography and the local neighbourhood may no longer provide a place where an individuals' needs are met.

Consequently, if people do not engage in or use facilities in their local neighbourhood, they do not have the opportunity to meet fellow residents. Initial critics, including Lee and Newby (1983) and Stacey (1969) argued that although individuals may live local to one and other, they may not consider themselves a community. They reasoned that living in close proximity did not necessarily equate to the presence of meaningful social relationships. Neal (2013) suggests that based on this line of reasoning, defining community as a place bounded by geographical area could lead to people being classified as a community when they do not know each other.

Others take the position that geography still has a role to play in modern communities. Despite communication, Bessant (2018) argues that people still develop place-based attachments. Along similar lines, Green (2016) states that local spaces are important as they shape our lives. Likewise, DeFilippis (2008) believes that people are still rooted in place, and that place has a role to play in the personal development and growth of people. So, while needs may not always be met in local neighbourhoods, Flora et al. (2016) believe that geography still offers locations for residents to interact. Although usage of social systems may be reduced, Flora et al. (2016) also argue that there is still an element of mutual support that exists in modern communities of place.

Similarly, Chaskin (2013) believes that the local community still provides a forum for relationships offering roles of support, resources and social networks similar to the role of the traditional communities of place. Therefore, place and place attachment are still important in the modern world. There is also the potential for modern communities of place to play a similar role to that of traditional communities of place.

2.3.2 Modern Communities – Geography and Groups

Modern communities of place are important for some members of society. This is because globalisation and technological advances have had an uneven impact on society (DeFilippis, 2008; Netting et al., 2016). Local communities have become increasingly important to different subgroups within society. Netting et al. (2016) argue that geography matters to the poor in society. Poor individuals may lack resources, transportation and social mobility that would allow them to access other societies. This means that the local neighbourhood and the social institutions that exist within it are essential for fulfilling the needs of the poor. For the affluent, however, proximity is considered less of an issue. Netting et al. (2016) believe

that the affluent have resources and technology that will enable them to transcend geography. This suggests that communities of place may still be of importance to the less affluent in society.

Age also impacts on the role of place-based communities in the modern world. Chaskin (2013) argues that an individual's position in their life course influences how they use their local neighbourhood. Many scholars highlight the importance of the local neighbourhood and communities of place for older people (Bowman and Johnson, 2003; Godfrey et al., 2004). In contrast to the young, older people live most of their lives in the same community (Evans, 2009a). They also spend time in one place, one home and one neighbourhood. Evans (2009a) highlights that older people spend more time in their neighbourhood than the young. This has created a scenario whereby older people's lives are bound by their physical and social environment (Bowman and Johnson, 2003).

Therefore, modern communities of place serve a similar purpose to older people as traditional communities of place did. Older people use local social institutions such as stores, community centres and churches (Age Cymru, 2011). They also still meet neighbours in village squares and over garden fences. This suggests that the local neighbourhood still serves the purpose of providing social interaction opportunities for the older members of the community. Bowman and Johnson (2003) expand on this point, suggesting that the social organisations in the local neighbourhood form a source of social support for older people. They also believe that neighbours are a source of assistance. Means and Evans (2012) also identified an attachment to place for older people who live in close proximity to their friends and family. Godfrey et al. (2004) believe that in local neighbourhoods, older people do not want to be a burden and be on the receiving end of help. They believe that the neighbourhood offers older people opportunities to participate in reciprocal relationships.

Door-to-door geographical communities are, therefore, important to older members of society (Means and Evans, 2012). These communities generate a sense of place, belonging and attachment, especially when individuals have lived in a particular location for their whole life (Means and Evans, 2012). So, although older people have lived through all three phases of community change; door-to-door, place-to-place and person-to-person; Wellman (2001a) argues that geographical shared spaces are still an important landscape that allows older people to participate in community life. This could suggest that place is important in understanding the communities of the old as geographical location bounds many older people.

Unfortunately, for some older people, their lives are limited by their geography. Godfrey et al. (2004) believe that for frailer individuals, their lives are affected by place as they are bound by their local neighbourhood. Chaskin (2013) adds to the argument stating that older people could be constrained by geography, yet the local services may not meet their needs. He states that individuals could have physical mobility issues that would limit their ability to venture out of the neighbourhood. He adds that the neighbourhood may not have services or the services desired by older individuals. These factors could enhance the chance that older people could withdraw from the community and limit their participation. Evans (2009a) highlights that in addition to this, older people may not feel connected with their community and so become isolated from their community. This could lead to them feeling as though they are not part of the wider community. These points suggest that although communities of place are important, it is also necessary to understand the engagement patterns of older people within the community. It is also important to understand and proactively help those who also may be at a double disadvantage, such as individuals who may be both poor and old.

Participation patterns, however, suggest that people continue to engage in community activities in later life (Bowman and Johnson, 2003). Godfrey et al. (2004) discovered that good life in older age was interdependent on being part of a community that cared and looked out for each other. Evans (2009a) states that the neighbourhood and an individuals' sense of community increases as they age. This suggests that communities of place are still important for older people.

2.3.3 Modern Communities – Communities of Interest

The significance of place to the understanding of community both in the past and in the present has been explored. Although there was the common perception that communities might cease to exist in the modern world, communities of place were identified as important to older people.

In the 21st century, the concept of community has been overhauled. People are involved in multiple communities at different points in time, either sequentially or simultaneous, all for different purposes (Gilleard and Higgs, 2000; Tyler, 2006). These communities may be in different settings, and each community may fulfil different needs (Evans, 2009a; Gilleard and Higgs, 2000). An umbrella term that is commonly used to classify modern communities is communities of interest. Communities of interest focus on group relationships based on people who share common interests and lifestyles (Evans, 2009a; Lawthom and Whelan, 2012; Netting et al., 2016). Lawthom and Whelan (2012) list potential characteristics that

could be the foundation for communities of interest. They believe that shared interests could include shared characteristics, hobbies, occupation, religion, ethnicity, political view or occupation. Pawar (2014) adds to this list to include childcare and sports. Netting et al. (2016) further expand on what shared interests could mean by adding that communities could be based on shared history, cultural values, traditions or concerns for common issues. A wide range of factors could lead to modern-day communities of interest. This suggests that an individual can be a member of multiple communities. They could be in a community related to football, cooking, political activism or even online games. The possibilities for modern-day communities are endless.

There are, therefore, two main groupings for modern communities. The first relates to communities of place, community groups bound by shared geography. The second relates to communities of interest, community groups bound by shared interests. The main difference between communities of interest and communities of place is that rather than place-attachment and geographical proximity, it is the common interest and shared lifestyle that has been regarded as the glue that binds the community together (Evans, 2009a). Communities of interest may or may not share a geographical space (Bessant, 2018; Evans, 2009a; Payne and Payne, 2004).

One factor that has been attributed to the growth of non-geographic virtual communities of interest is the internet (Blackshaw, 2010; Green and Haines, 2016; Jurin, 2012; Pawar, 2014). In virtual communities, groups can have socially mediated ties (Bessant, 2018). Like communities of place, virtual communities also use shared spaces (Bessant, 2018; Green and Haines, 2016). Rather than belonging been attributed to place, however, Jurin (2012) highlights that belonging in virtual communities is based on the communication process. As virtual communities can vary in size and their size impacts on the community members opportunities to interact (Green and Haines, 2016), social interaction is one of the most important components for the growth of online communities of interest. Further information surrounding virtual communities is discussed in Section 2.5.1.

Communities of interest may also mirror communities of place as they are maintained through shared experiences (Blackshaw, 2010; Flora et al., 2016; Jurin, 2012). When the community members do things together, it contributes to a shared set of community experiences (Blackshaw, 2010; Flora et al., 2016; Jurin, 2012).

The term community has evolved over time. More recently, changes in technology and mobility have led to community being redefined from a geographical proposition into an interest-based proposition. Modern communities are also diverse regarding race, class,

gender and sexuality (Lawthom and Whelan, 2012). There has been contention surrounding the term. The preceding sections, however, have highlighted its significance, both to society and to older people. The following sections aim to define what it means to be a community.

2.4 Towards a Definition of Community

Community change illustrated in the previous sections highlighted the debate that surrounds the existence of communities. There is also contention surrounding the definition for the word. The word community has its critics. Scholars have stated that the word is ambiguous and vague (Blackshaw, 2010; Mannarini and Fedi, 2009; Netting et al.,2016). Blackshaw (2010: 2) has even extended to the proposition that community "means everything and nothing." Levinson and Christensen (2003) propose that community means different things to different cultures. Payne and Payne (2004) and Hodgett (2003) all argue that this has led to the word community being used by different groups in different ways. Community members from the same community may also have different interpretations of what a community is. Netting et al. (2016) argue that there are different perspectives surrounding whether a community exists because each person's experience in a community is unique.

Further issues surround the word community. Blackshaw (2010) believes that communities are heralded for their positives, yet the dark side of community is often overlooked. He believes that various issues, such as prejudice and exclusion in modern communities, are rarely discussed. Communities may also be restrictive to both residents and outsiders (Netting et al., 2016). Evans (2009a) adds to the debate stating that modern communities can be a source of conflict and social exclusion. Green and Haines (2016) believe that this conflict arises due to differences in class, race, gender and length of residence in an area. Midgley (2013) supplements this proposition, stating that women and the poor are excluded from the decision making in modern communities.

While Section 2.2 has generally painted traditional communities in a positive light in an attempt to provide a rationale for creating community in LTC settings, many scholars have also highlighted similarities between the negatives of modern communities expressed above, to those that were experienced by people who lived in traditional communities (Blackshaw, 2010; Green and Haines, 2016; Netting et al., 2016; Wellman, 2001b). For example, Wellman (2001b), has highlighted his scepticism about traditional communities and cohesion within these communities, suggesting that the yearning for community is “misplaced nostalgia for the past” (Wellman 2001b: 8). Traditional communities have also been considered locations for exclusion, fragmentation, and marginalisation.

So, although modern communities may encounter challenges, fragmentation and difference, Defilippis (2008) contends that they may also foster support and cooperation. Community is a term that should be used as it is one that people identify with. There are also many definitions, but Davies and Brown-Wilson (2007) highlight that there are shared characteristics between definitions. The word is also popular and versatile (Amit, 2002; Netting et al., 2016). When using the term, we need to acknowledge the issues, both positive and negative. It is important to define what we mean by a community as this will impact on membership, capacity and responsibilities (Chaskin, 2013). The definition of community also needs to be able to reflect the changing nature of communities (Pawar, 2014).

2.5 Community Definition

In its simplest form, the foundations of a community are a group of people (Bacon, 2012; Flora et al., 2016; Green and Haines, 2016; Lawthom and Whelan, 2012; Wilson 2006) a network of people (Rapaport et al., 2018) or a collective grouping (Bacon, 2012). Green and Haines (2016) contend that community is a contingent phenomenon that depends on a variety of conditions. It is these conditions that transform a group of people into a community.

Section 2.2 indicated that the conditions required for traditional communities of place were a shared locality, shared social system, mutual social interaction and shared experiences. For modern communities, shared spaces, social interaction, and shared experiences were also important. These characteristics mirror popular findings by scholars who have investigated the definition of the word community. One of the most cited pieces of literature on the definition of community was undertaken by Hillery in 1955. Based on the analysis of 94 definitions of community, he identified location, social interaction and common ties as prevalent descriptors of a community. He summarised his findings to define a community as social relations that connect people (Hillery, 1955). A more recent investigation of 66 definitions by Cobigo and colleagues (2016), identified seven main themes for community. Location was the most important feature of a community. In this instance, it was classified as physical proximity. Shared norms, values and beliefs were the second most important feature of a community. Interactions were placed at number 5 in terms of importance, with the terms group and bounded featuring in places 3 and 4, respectively.

Although the analyses are more than 60 years apart, there are unifying bonds between what people believed defined a community in the past and what they believe constitutes a community now. Netting et al. (2016) argues that no matter what definition of community is chosen, space, people, interaction and shared identity are repeated over and over again.

For this study, the definition of community that will be used is: a community is a group of people who have:

1. A shared space (common locality)
2. Social interaction
3. (that may or may not have) Shared interests

This definition combines the common themes identified by Hillery (1955), Cobigo et al. (2016) and Netting et al. (2016) while also accounting for the modern and traditional communities identified earlier in the chapter. The following sections detail how each term from the definition of community, contributes to the formation and maintenance of communities of both place and of interest.

2.5.1 Community Definition – Shared Spaces

Shared spaces are the venue for social interaction within a community. They enable community members to have contact with each other, and it is this contact that enables communities to both develop and be maintained (Bessant, 2018; DeFilippis, 2008). Original ideas surrounding shared spaces referred to the social systems within the geographical location of a community. Shared spaces within these localities include churches, schools and local businesses (Flora et al., 2016; Netting et al., 2016).

Recent interpretations of the concept of community have introduced the idea of a "metaphorical sense of shared space" (Baym, 2015: 78) rather than a shared physical place (Chua et al., 2010; Gnach, 2017; Lyon and Driskell, 2012; Rheingold, 2000). These definitions argue that a community needs a shared space in which members can coexist. This sense of place may require an individuals' act of imagination (Rheingold, 2000).

As modern communities can exist online, community members can communicate within virtual shared spaces such as in chat rooms and on social network sites (van Dijk, 2012). Green (2016) contends that the landscape for modern communities has generated a space-based community continuum. He believes that this ranges from place-based communities such as communities of place to non-place-based communities such as virtual communities.

Although geographical and virtual communities occupy either end of the spectrum, many scholars believe that virtual communities can also complement and reinforce traditional geographic communities (Gnach, 2017; Lyon and Driskell, 2012; Nimrod, 2009; van Dijk, 2012). Wellman and Gulia (1999) introduced early ideas about community space. They proposed that virtual and geographical communities could exist both online and offline. Van

Dijik (2012) has classified communities that have a physical and an online counterpart as a community online. Communities online can be online-originated or offline-originated.

Online originated communities are virtual communities that were created online, but they have evolved and developed a physical counterpart, allowing members to create physical relationships to complement the virtual ones (Boase and Wellman, 2006; van Dijk, 2012). Offline originated communities online are those where a geographical community has migrated online (van Dijik, 2012). Boase and Wellman (2006) believe that members of offline-originated communities online use online communication to fill the gaps in between face-to-face meetings. They are also used by community members to keep in contact with one and other (Boase and Wellman, 2006; Wellman, 2001b). Both types of community online are characterised by a combination of online and offline interaction (Matei and Ball-Rokeach, 2003). The development of communities online helps sustain, extend and maintain contact between members, rather than replacing traditional communities (Boase & Wellman, 2006; Chua et al., 2011; Horrigan et al., 2006). The spectrum of shared community spaces is displayed in Figure 2.

Figure 2. The Main Types of Community Defined by Shared Spaces (Source: Author, 2017)

The importance of geographical (physical) communities to older people in society has been established in Section 2.3.2. Older people have also welcomed online communities. They can participate in online communities to maintain relationships (Nimrod, 2009; Zhang and Song, 2017). Zhang and Song (2017) also believe that online communities are advantageous as they provide older people with an opportunity to make friends without geographical restrictions. Nimrod (2009) argues that this is beneficial as health issues, including reduced mobility, could impact on the potential for older people to create and maintain relationships in real life.

Online communities also provide seniors with the opportunity to engage in virtual hobbies, discuss problems, gather information and get emotional support (Nimrod, 2009; Zhang and Song, 2017). Both Zhou (2015) and Nimrod (2009) suggest that these actions can provide older people with an opportunity to develop social resources, help them cope with stress and they can also provide older people with a distraction from real life.

This suggests that online communities are advantageous for older people. Means and Evans (2012) stress that it is important to help older people join online communities by providing them with support and access to these communities. Levinson and Christensen (2003) note that it is important to remember, that although technology facilitates new forms of communication, it does not mean that it performs the same function for members as less technological forms of communication.

2.5.2 Community Definition – Social Interaction

The previous section highlighted that communities of place and of interest exist within shared spaces. It is not sufficient, however, for a community to be defined merely by groups existing within shared spaces. As although communities are socially constructed through social institutions, Mannarini and Fedi (2009) state that it is the negotiation, communication and social interaction that exists within these shared spaces that enable communities to develop. Similarly, Bacon (2012) believes that it is not the group alone that creates a community, but the interactions within the group. Therefore, social interaction and communication between members of a group in shared spaces make a community possible (Neal, 2013; Silk, 1999).

Social interaction refers to communication and exchange between individuals (Crow and Alan, 2014). Communication can be in the form of face-to-face interaction, and it can also include the use of text and pictures, communication mediums common in virtual communities (Gnach, 2017; Lyon and Driskell, 2012). Matarrita-Cascante and Brennan (2012) regard social interaction as the most important component of a community. However, communication on its own is not sufficient for relationships to be classified as communities, as although individuals may speak, it does not mean that they are a community (Foster, 1996; Lee and Newby, 1986; Neal, 2013). It is, therefore, important to distinguish between basic forms of communication and sustained levels of social interaction when discussing the modes of communication in a community.

Lawthom and Whelan (2012) claim that a sufficient number of positive interactions where people come together for a common purpose can transform the status of a group into a community. This coincides with the argument by Neal (2013), who states that repeat social

interaction leads to a community. Bruhn (2011) extends both arguments adding that members need to interact and form relationships that go beyond casual acknowledgement.

The social relationship that has been regarded as central to creating communities are friendships (Allan, 2003; Tyler, 2006). Friendships are social relationships whereby people help each other and provide support. These social relationships and friendships create reinforcement, and repeat social interactions lead to a social pattern (Etzioni, 1996; MacQueen et al., 2001; Neal, 2013). Matarrita-Cascante and Brennan (2012) supplement this notion, stating that interaction between residents can lead to social relationships, and it is these social relationships that are the foundation for a community's existence, structure and function. Similarly, White (2003) states that we need relationships such as friendships to sustain a community.

Sustained interaction by group members within a shared space, can, therefore, lead to a community and community members (Bessant, 2018). Regular interaction in shared geographical places can lead to communities of place. Regular interaction surrounding common interests in shared spaces (either geographical or online) can lead to communities of interest. DeFilippis (2008) contends, however, that this social interaction must be reciprocal.

2.5.3 Community Definition – Shared Interests

Shared interests are the final characteristics of the proposed definition for a community. Community members may or may not have shared interests as communities of place, may feature individuals bound by shared geographical locality, rather than a shared interest (Bessant, 2018). Section 2.3.3 presented a detailed discussion about communities based on shared interests. To summarise, it is the shared interest and lifestyles, rather than the shared geographical location that binds the community together (Evans, 2009a). Communities can be formed around a shared interest, such as reading or playing online games. The mutual interest in the community, such as books, form the foundation for the community.

Social interaction surrounding the shared interest is what creates the community. It also helps it to be maintained. Day (2006), argues that there needs to be a shared interest amongst community members as this leads to a reason for individuals to interact. He also argues that community members should have things in common. This suggests that shared interests can be a factor that brings community members together.

A community is, therefore, a group of people who may or may not have shared interests, who occupy a shared space and engage in mutual social interaction. These characteristics are important as they will be used to help identify the types of communities that exist within the LTC settings.

2.6 How are Communities Maintained?

In order to identify communities within LTC settings for older people, it is important to understand how communities are formed and maintained. Thus far, evaluation of the community literature has introduced different forms of communities and led to a definition of community. I have identified that communities are formed based on sustained social interaction by a group of people in shared spaces. Social interaction and access to shared spaces can also maintain a community. There are also many other characteristics of a community that can lead to the community being maintained. The following sections introduce four functions that a community performs that helps them to be maintained. The first two are socialisation and social control.

2.6.1 Maintaining Communities – Socialisation and Social Control

Communities of place and communities of interest are maintained by members being socialised to the prevailing norms (Netting et al., 2016). Norms are specific unwritten rules that are used to regulate behaviour and participation by members within communities (Faraj and Johnson, 2011; Jurin, 2012; Kirby, 2000). They are a "framework through which people determine what behaviours are acceptable and unacceptable" (McLaughlin and Vitak 2012: 300). Social norms belong to a subset of society, such as a community or an organisation (Nolan, 2017). Having shared social norms is one way that communities are maintained (Castells, 2011; Jones, 1997; Porter, 2004).

Norms are taught and negotiated through members behaviours (Baym, 2015; Dubois, 2004). Sharing is a way in which cultural norms are established (Assadourian, 2008; Baym, 2015). In online communities, norms may be formally written in the FAQs (Frequently Asked Questions) in order to set standards for behaviour within the community (Baym, 2015).

Compliance with social norms can lead to a social benefit such as a smile or the offer of friendship (Dolan et al., 2010; Scharbatke-Church and Chigas, 2019). If a community member does not follow social norms and exhibits unacceptable behaviour, they are considered deviant (Dolan et al., 2010; Hechter and Opp, 2001; Tyler, 2006). Social control determines the community's response to deviant behaviour (Netting et al., 2016).

Deviance within a community can be a sanction with a social penalty, such as a show of disapproval – a frown or in the worst-case scenario, a community member can be outcast and ostracised (Dolan et al., 2010; Scharbatke-Church and Chigas, 2019). The violation of social norms, therefore, leads to potential exclusion from the group in order to maintain the social order within a community (Etzioni, 1996; Loewy, 1993; Netting et al., 2016). This was the experience of some of the residents in Nielson and colleagues (2019) research of an urban retirement village. In their study, one resident stated, “it was very easy to be propelled out of a group by either saying or doing the wrong thing, or through a lack of participation” (Nielson et al., 2019: 28). The authors also highlighted the potential for marginalisation and exclusion if residents were kicked out of social groups.

So while Heise and Manji (2016) believe that it is social approval or disapproval that maintains communities, social disapproval has the potential to limit the social opportunities for residents who live in LTC settings who fail to adhere to the social norms. This, in turn, can lead to exclusion and reduce the positive experiences of residents living in LTC settings, indicating a potential negative impact of the processes of socialisation and social control that are used to maintain communities.

2.6.2 Maintaining Communities – Social Participation

Social participation is the next feature that maintains communities of place and communities of interest (Netting et al., 2016). Section 2.5.2 details the importance of social interaction for the formation of a community. To summarise, individuals need to interact with each other in order for communities to exist (Lawthom and Whelan, 2012; Neal, 2013). In order to maintain a community, the members also need to participate. Ren et al. (2007) highlight the importance of social participation in online communities. They state that the sustainability of online community relies on member contribution.

Social participation is important to help maintain communities because as individuals interact, they develop shared experiences. Shared experiences can generate a sense of solidarity between members, which can lead to group loyalty (Banks and Butcher, 2013). They can lead to a sense of belonging, trust and stability which can foster a sense of cohesion and togetherness (Bruhn, 2011; Neal, 2013). Shared experiences can help to maintain communities. Further information relating to the impact of shared experiences on a community can be found in Section 2.2 at the beginning of this chapter.

Social participation can also lead to social capital. Bacon (2012) defines social capital as positive interactions between two people. Social capital refers to the cooperation among groups and the "connections among individuals" (Putnam, 2000: 19). Bacon (2012) believes

that when you affect someone positively, it has positive impacts in the community that you are a part of. He also believes that it creates goodwill. This goodwill adds to not only an individuals' social capital, but it can increase both the other person and the community's social capital. Baym (2015) argues that it is the social capital present between members that maintains communities. He states that members can gain social capital due to the provision and receipt of support. Social capital is discussed further in Section 3.8.

Alongside being a crucial element in forming and maintaining communities, social participation may also have further benefits for residents living in LTC settings that aim to create communities. Havighurst and Albrecht (1953) introduced Activity Theory, a theory that suggests that a good life in old age is dependent on being an active member of a community. They argue that social interaction can help to increase feelings of self-worth and pleasure amongst older adults, traits they believe contribute to happiness and longevity. They also suggest that meaningful interactions help older people to replace the lives that they have lost and can also help them to resist social pressures that limit older people. These factors suggest that creating communities in LTC settings for older people that promote social participation not only help to maintain the LTC communities but may also have positive impacts on the older people living in these settings.

It is important to note, however, that there may be inactive residents living in LTC settings, these are residents who do not socially participate. This could have an impact on the formation of LTC communities and the ability of these residents to benefit from community membership and live a good life in old age. For some of the residents living in LTC settings, health, in particular, is one factor that can limit social participation. This is explored further in Section 2.10.1. Birren and Schroots (2001) argue that although Activity Theory promotes the benefits of social participation for older people, it overlooks health and economic inequalities that may hinder the ability of some to take part in new activities.

Furthermore, in some LTC settings, some older people do not want to take on new roles (see Section 2.12) and they may choose not to participate (see Section 2.10.1). Findsen and Formosa (2012) have summarised some key criticisms about Activity Theory and inactivity suggesting that the theory is too limited to capture older peoples' engagement in past times, that unique backgrounds impact on older people who want to participate, and older people who do not want to participate may be viewed as deviant.

Therefore, in LTC settings for older people, social participation is a broad term and many factors will impact on the resident's willingness to participate. So while social interaction and social participation are necessary to create a community and create community connections,

it is too simplistic to only consider social participation without also acknowledging any barriers to participation – barriers that may also present as barriers to forming communities in LTC settings for older people.

2.6.3 Maintaining Communities – A Sense of Community

The final feature that can help to maintain communities is a sense of community. It has been theorised that in order for a group to be considered a community, there needs to be a sense of community (Boase and Wellman, 2006; Jones, 1997; Wellman, 2001a). A sense of community (SOC) has been classified as a feeling of comfort and a sense of belonging to a social group (Bacon, 2012; Davidson and Cotte, 1989; Evans, 2009a; Lawthom and Whelan, 2012; Schneider et al., 2011). Block (2018) believes that a sense of community is a measure of community wellbeing. To be a part of a community, there is an emphasis placed on the importance of the wellbeing of the group in contrast to the pursuit of individual happiness (Coleman, 1990). Means and Evans (2012) highlight the importance of social interaction in helping to build a SOC and belonging.

In 1986 McMillan and Chavis introduced four main features of SOC. These features have been reinterpreted by Schneider and colleagues in 2011. Both groups believe that having a sense of community relies on members having membership, mutual influence, a shared emotional connection and the fulfilment of needs.

The first feature of SOC introduced by McMillan and Chavis (1986) was membership. In order to feel a sense of community, residents need to feel as though they belong and one way to do this and one way that enables communities to be maintained is through membership (McMillan and Chavis, 1986; Schneider et al., 2011). Boundaries are a tool that can help to determine membership, and they are used to delimit the community, establishing the beginning and end of the community (Blackshaw, 2010; Cohen, 1985).

Boundaries can present in a variety of forms with early scholars, including Cohen (1985) suggesting that they can be geographical, religious, racial, linguistic and even symbolic. Traditions and symbols can be used to assert a collective identity, and a community can use them to identify who is and who is not a member of the community (Gilchrist, 2009). Netting et al. (2016) contribute to the discussion surrounding boundaries. They argue that boundaries are important for the survival of communities. Hodgett (2003) highlights that each community determines its boundaries and that these boundaries are everchanging. Boundaries enable participation, but they can also be inclusionary and exclusionary (Cohen, 1985; Lawson and Whelan, 2012).

A prime example of the nature of restrictive membership practices that excluded some of the LTC residents was given in Nielson and colleagues (2019) study of an urban retirement village. They identified a scenario whereby the residents accessed communities of interest by participating in social groups. In their research, they discovered that many events were closed groups. If the residents did not meet the criteria of membership, for example, if they belonged to a different social class, they were not allowed to become members. The residents highlighted their dissatisfaction about not being afforded membership to these groups. Any attempts by the residents to join in were met with exclusionary practices, such as not allowing residents to sit in the rooms when the groups were in session. This suggests that while boundaries are good at determining who belongs in a community, they also may have a potentially negative impact in an LTC setting as they also determine who does not belong (Schneider et al., 2011). This is a factor that could amplify the exclusion felt by some residents living in LTC and highlights a potential negative by-product of creating communities and establishing a SOC in these settings.

The second feature of SOC introduced by McMillan and Chavis (1986) was influence. Influence relates to an individual being able to influence the community. A community can influence the members, and members can influence the community. McMillan and Chavis (1986), highlight that influence may not always be positive as small groups can use it to dominate the behaviour within a community. Heller (1989) argues that the influence of members may not always be negative. Members can unite with a joint aim in order to gain external influence. This coincides with recent thoughts from DeFilippis (2008) and Netting et al. (2016) who introduce communities as sources that can mobilise for joint action.

The third feature of SOC identified by McMillan and Chavis (1986) was a shared emotional connection. A shared emotional connection can be developed by shared experiences and living through celebrations within the community (Schneider et al., 2011). Shared experiences are important when defining SOC as this can lead to a shared narrative (Mankowski and Rappaport, 1995; McMillan and Chavis, 1986; Schneider et al., 2011).

The final feature of SOC is the fulfilment of needs (McMillan and Chavis, 1986). The fulfilment of needs relates to community members being part of a community where their needs can be met and where members benefit from being in the community (Schneider et al., 2011). Members also need to be rewarded for their time and commitment. Members' needs are fulfilled when they get what they have signed up for (McMillan and Chavis, 1986; Schneider et al., 2011).

2.6.4 Maintaining Communities – Summary

While socialisation, social control, social participation and a sense of community have all been identified as factors that have the potential to maintain a community, the discussion above has also introduced some of the negative aspects of these terms that may have implications when aiming to create a community in LTC settings. In short, the same functions that are required to maintain a community and keep the community together, are also functions that have the potential to promote exclusion and alienation of residents who live in LTC settings. When aiming to create a community in LTC settings, it will therefore be important for LTC providers to understand how they can strike a balance between achieving the four functions, whilst also trying to negate any negative aspects of these functions.

2.7 Understanding Communities – Summary

In order to understand how communities are created in LTC settings, the first half of this chapter has introduced the origins of community, proposed a definition for community and identified the key components of a community that can aid community creation. It is important to identify and understand the processes of a community as this information can enable us to identify and understand how communities in LTC settings may operate.

In the following sections, there will be a review of the literature on how communities have been created in LTC settings for older people.

2.8 Creating Communities in LTC Settings

Various ideas have been proposed about how communities can be created in LTC settings for older people. One of the most comprehensive literature reviews relating to creating communities in care homes was undertaken by Sue Davies and Christine Brown-Wilson in 2007. In My Home Life – Quality of Life in Care Homes, they identified six processes to create a community in a care home. They were:

1. Understanding and respecting the significance of relationships within care homes
2. Recognising roles, rights and responsibilities
3. Creating opportunities for giving and receiving
4. Creating opportunities for meaningful activity
5. Building an environment that supports community
6. Committing to shared decision-making

(Davies and Brown-Wilson, 2007: 66)

Age Cymru (2011) have offered an interpretation of these six processes. They agreed that care homes should focus on resident relationships, and they advocate for mutual support within the home. They also believed that resident roles within the home are essential, with

the suggestion that care homes should find out what residents did before they entered the home (e.g. running a book club) so that they can continue with a similar role in the home. Age Cyrmu (2011) believes that care homes should seek to create meaningful activities that not only engage residents but also engage staff and family members too. They also stressed on the importance of the layout of communal spaces for facilitating social interaction.

More recently, Wiersma and Chesser (2012) introduced three ways to create a community in an LTC setting. They suggested that shared experiences, role identity and the creation of social networks were all factors that could help to create a community within these settings. Heins (2010) also identified factors to help create caring communities in care homes. He identified facilities, services, support for the vulnerable, social structures, social interaction and activities that increase involvement in the neighbourhood as factors that could lead to the creation of communities within care homes.

An analysis of the four propositions presented above led to four processes that suggest how communities can be created in LTC settings. They are:

1. A Built Environment that Supports Community
2. Opportunities for Social Activities and Shared Experiences
3. Understanding and Respecting the Importance of Relationships
4. Enabling Resident Participation Through Roles and Decision Making

To explore the application of these processes, a selection of studies featuring LTC settings that were identified during stage 3 of the scoping review (Appendix B) were used. These studies were chosen and investigated as they featured research relating to relationships and/or communities in care homes, extra care settings or in other models of LTC across different sites in the UK. Where appropriate, international studies and models of care were also included. De Hogeweyk an LTC facility in the Netherlands was also examined due to the care home used in my study being created based on its design and its care philosophy.

Each process will now be discussed in turn.

2.9 A Built Environment that Supports Community

The first process introduced to create a community within LTC settings is by creating a built environment that supports community. The built environment relates to the buildings and spaces within an LTC setting (Evans, 2009a). Like the traditional communities of place of the past (Section 2.2), the literature proposed that the benefits of living within an LTC setting, are that residents have access to a shared built environment – shared spaces and shared facilities. Scholars suggested that the layout of the built environment, including the design of the accommodation, and the layout of communal spaces and scheme facilities, can impact

on the development of communities within LTC settings (Croucher et al., 2006; Evans, 2009b; Robertson et al., 2008). The following sections discuss how these factors have had an impact on the creation and evolution of communities within LTC settings for older people.

2.9.1 A Built Environment that Supports Community – Accommodation Design

The first feature of the built environment that can support the creation of communities in LTC settings is accommodation design. Many LTC settings have created resident accommodation that supports the creation of communities. In the Netherlands, a cohousing scheme, entitled De Hogweyk, was designed for people with dementia (NSL, 2014). The site features 23 small and intimate houses for 152 seniors, each housing between 6 to 7 people who share similar values and ideas (De Hogeweyk, 2017; NSL, 2014). Each house reflects one of the seven lifestyles. Each lifestyle relates to the different social classes, cultures and faiths of the residents (Anderzohn, 2012). The lifestyles were created to help the residents live similar lives to the ones that they lived before they needed care (Anderzohn, 2012). The seven lifestyles are:

- ***Het Gooi*** *– the upper class*
- ***Homey*** *– which focuses on housekeeping*
- ***Christian*** *– religion is an important part of life for the residents*
- ***Artisan*** *– which features members who had traditional, hardworking trades*
- ***Indonesian*** *– where members are interested in nature and Indonesian food*
- ***Cultural*** *– residents in this lifestyle, appreciate art, culture and literature*
- ***Urban*** *– residents who associate with this lifestyle, are outgoing and social*

Residents, relatives and staff decide which of the seven lifestyles the resident associates with the most (Godwin, 2015). Residents are then placed into a house based on this lifestyle, and the lifestyle is reflected in the décor and layout of the house (Anderzohn, 2012; De Hogeweyk, 2017). For instance, in the Indonesian households, Godwin (2015), describes it being warmer than everywhere else in the site and that plants and buddha figurines are commonplace. She contrasts this lifestyle to that of the residents living in Het Gooi, the upper class, where the rooms had chandeliers and lace tablecloths. Daily group interaction within the households revolves around each lifestyle (Godwin, 2015). This includes mealtimes, social activities and chores (Godwin, 2015; De Hogeweyk, 2017).

In De Hogeweyk, regular contact with like-minded people within the households (shared spaces) helps residents to generate shared experiences (Godwin, 2015). Over time, this sustained interaction can lead to the creation of communities within the scheme. As residents in the households are bound by both lifestyle (interests) and shared space (place), this suggests that the built environment in De Hogweyk facilitates communities that are both of interest and of place.

Similarly, another cohousing scheme, the Green House Project, American group homes for older people, offer small unit living for residents (Abraham et al., 2006; The Green House Project, 2017). Each home can house between 10 and 12 residents (The Green House Project, 2017). Residents are grouped into households that generate a home-like environment and a family experience, and the residents do things together such as have shared mealtimes and activities (Abraham et al., 2006; The Green House Project, 2017). The built environment (shared spaces) within the homes facilitate residents living shared lives. Homes feature open-planned living with shared kitchen, dining and living room areas (Abraham et al., 2006; Bowman, 2008; The Green House Project, 2017). There are also private bathrooms and bedrooms for the residents (The Green House Project, 2017). In Green Houses, "privacy and community are given equal priority" (Bowman, 2008: 21). As with De Hogweyk, shared experiences between a group of residents in shared spaces over a sustained time can lead to communities of place developing within the LTC setting.

Residents living in grouped accommodation within LTC settings can, therefore, create communities. Small groups of people have access to a shared built environment, regular contact and the potential for shared experiences. This aligns with the definition of community generated in Section 2.5.

2.9.2 A Built Environment that Supports Community – Communal Facilities

The second feature of the built environment that can facilitate communities within LTC settings is the range of communal facilities available within the scheme. The literature suggests that LTC schemes that aim to create communities and a sense of community within the scheme should have various forms of communal facilities available for use by the residents. Schemes may feature formal facilities such as meeting rooms or less formal facilities such as coffee shops that allow relaxed contact between residents (Croucher et al., 2003). Lawthom and Whelan (2012) suggest that the communal spaces within LTC schemes should act as informal meeting places that are inexpensive, accessible, close, and have food and drink for the residents. They state that these features can lead to communal spaces having regular visitors. Warner (2017), adds that communal spaces should also be designed to encourage social interaction.

In De Hogweyk, there is a park, café's, restaurants, a theatre and a supermarket on-site where residents can go to get their groceries (De Hogeweyk, 2017; NSL, 2014). Facilities can be used by residents of the village and residents of surrounding neighbourhoods (De Hogeweyk, 2017). Westbury Fields Retirement Village in the UK also had many facilities

including a gym, a library, residents' lounge, salon, pub and a restaurant (Evans and Means, 2007). Similarly, some of the communal facilities available in Berryhill Retirement Village in the UK included a residents' lounge, a shop, a gym, a library, a bar, a greenhouse, a hairdresser and a restaurant (Bernard et al., 2007).

Having a variety of communal facilities is important within an LTC setting, as Croucher and colleagues (2003) discovered that in LTC schemes, communal areas are places where friends can meet and reinforce existing relationships. Evans and Vallelly (2007) supplement their argument, stating that communal areas are also the core of the social lives of many tenants. These ideas correspond with findings from Evans and Means (2007), who discovered that in Westbury Fields Retirement Village, friendships developed in the communal areas and not in the apartments. Similarly, Croucher et al. (2003) discovered that the coffee shop was used by residents in Hartrigg Oaks, a Continuing Care Retirement Community in the UK, to get to know each other. They highlighted that overtime; residents in the scheme used the coffee shop to reinforce their relationships.

The communal areas within LTC schemes, therefore, provide a location for residents to get to know each other and enable friendships to develop within the schemes. These friendships can be the foundation for community formation, as described in Section 2.5.2. Gray (2015) stresses the importance of communal areas within LTC schemes as they can provide opportunities for interaction, which can, over time, lead to the creation of communities of place within the scheme.

In many LTC settings, the first significant communal space identified in the literature is the dining room. It acts as a social hub for residents to interact, socialise and eat (Brown, 2018; Perkinson and Rockemann, 1996). Dining rooms are also the venue for mealtimes. Brown (2018) stated that mealtimes are an important daily event that can be used to help generate a sense of community in an LTC setting. This was because they provide guaranteed socialising opportunities for residents up to three times a day. Paris et al. (2015) discovered that meals with friends in communal rooms and entertaining in private spaces meant that personal relationships could form within LTC schemes. Davies and Brown-Wilson (2007) also identified that mealtimes were a source of social interaction for residents. They concluded that mealtimes could impact on both the quality of life and on a residents' wellbeing.

In Westbury Fields Retirement Village, rather than a communal dining room, the site had a pub which served food. Evan and Means (2007) suggested that the village pub was used by residents in the scheme to eat and socialise. They also discovered that it served another

purpose; it was a place for residents to take their visitors. Croucher et al. (2003), also identified the use of the restaurant in Hartrigg Oaks by frailer residents with their visitors to the site. Dining facilities, therefore, provide an opportunity for residents to socialise with other residents, care staff and also their visitors (Davies and Brown-Wilson, 2007). They are an important feature of the built environment as they can help generate shared daily experiences that can add to the sense of community and help create communities within LTC settings for older people.

Another important communal space identified in the literature search that can help create communities within LTC settings is the communal lounges present within the LTC schemes. Percival (2000) stated that communal lounges provide a place for residents to meet and mingle. In LTC settings, Evans (2009b) believes that communal lounges are the focal point for social interaction for residents and that they can also be the venue for a wide range of activities.

Therefore, the design of communal lounges in LTC settings is important in facilitating relationships and adding to the sense of community. Age Cymru (2011) reasoned that the layout of communal lounges could impact on privacy and on the opportunities for social interaction. They recommended that furniture within communal lounges should be arranged in a format that could support relationships. Davies and Brown-Wilson (2007) also suggested that this should include sufficient seating for residents, relatives and staff members. They proposed that this seating should allow visitors and staff to sit close and hold hands with residents.

This approach has been adopted in Hilton House and Goldendale House care homes in Stoke on Trent in the UK. In the communal areas, there are many comfortable seats to encourage conversations (Lovett Care, 2020). There are also board games and cards in the communal lounges, activities that the homes believe stimulate resident interaction. Similarly, in Sunland Springs an assisted living community in Arizona in the USA, a communal lounge named Noah's Place has been created for the sole purpose of facilitating interaction between residents and relatives (Warner, 2017). The facility has created a space that features Wii consoles, board games, and an abundance of comfortable chairs (Warner, 2017). The room was designed to mimic the opportunities that residents had to create connections before entering the facility. Likewise, the communal lounge in Westbury Fields Retirement Village was identified as a feature of the scheme that was very important to the residents (Evans and Means, 2007). Evans and Means (2007) identified the communal lounge as a meeting point for residents, and it also functioned as a backdrop for social activities for the residents.

All of these communal lounges have been used as a shared space that have had the potential to create a sense of community within LTC schemes (Evans and Means, 2007; Lovette Care, 2020; Warner, 2017). They also enable social interaction, a feature of a community listed in Section 2.5.2 that can lead to a group of people transforming into a community. Overall, as communal lounges facilitate social interaction and are a shared space, they have the potential to fulfil the role as a community of place within the LTC schemes.

Although communal facilities could present the opportunity for social interaction between residents living in LTC settings, people may not use them, and people may choose to not mix with other residents in them (Percival, 2001). Communal areas can also exacerbate loneliness and lead to social exclusion, especially when areas are not utilised (Percival, 2000; Percival 2001; Perkinson and Rockemann,1996). Gray (2015) highlighted that this was true for some older residents, who may prefer socialisation in their rooms rather than in the communal areas. Morlett Paredes et al. (2020) also discovered that although communal spaces offer residents opportunities to find other residents to interact with, residents have to exert themselves to be a part of the community. This coincides with findings by Evans and Means (2007), from residents in Westbury Fields Retirement Village. They discovered that one resident chose not to visit the communal lounge as they did not know anyone who visited the lounge. A similar situation was also present for another resident in the pub. The resident chose not to attend the pub as they did not know anyone who used it. This could suggest that although schemes offer shared spaces, that the availability of the spaces would not lead directly to residents use of the spaces. This suggests that residents' personalities and comfort levels can impact on their engagement within the LTC communities.

2.9.3 A Built Environment that Supports Community – Scheme Layout

The final feature of the built environment that can support communities within LTC settings is the LTC scheme layout. Evans (2009b) suggests that the built environment should be designed to promote social interaction among the residents. He believes that there should be design features that encourage both planned and spontaneous encounters. Robertson et al. (2008) further the debate, adding that casual encounters are at least as important as formal activities in promoting a sense of community within an LTC scheme. Warner (2017) adds to both arguments suggesting that being around others can have a significant impact on residents in LTC schemes. He states that people do not need to be engaged in conversation or doing activities. Sites should, therefore, be designed so that residents can be immersed in the community as this can add to the sense of community.

In De Hogweyk, the design of the site allows residents to be immersed in the community. Godwin (2015) describes the site as a place that is perfect for exploration. She states that there are no dead-ends, no locked doors, and plenty of seats available for residents to rest on while traversing the site. Anderzohn (2012) supplements this site description, highlighting that the village's layout ensures that something is interesting for residents to see around every corner. In St Monica's Older Women's Cohousing Scheme in the UK, the scheme's design has also led to daily opportunities of spontaneous contact (UK Cohousing, 2017). The residents believe that this contact helps them to shape togetherness (UK Cohousing, 2017). This suggests that the residents' experiences of navigating the scheme are important and that they can impact on creating communities within LTC schemes.

Having a range of facilities can also help to aid the potential for spontaneous interactions. Croucher et al. (2006) believe that having different facilities can lead to social interaction and can help an LTC scheme to develop a sense of community. Similarly, Evans and Means (2007) argue that providing a variety of facilities is crucial to the sense of community as they act as venues for social interaction. These ideas corroborate findings from Bernard et al. (2007) in Berryhill Retirement Village. They discovered that the residents chose to use the site facilities as they enhanced their social interaction opportunities. This was due to the residents' beliefs that if they visited the site facilities, there would always be someone around to talk to. This mirrors ideas from Morlett Paredes et al. (2020). In their study of a senior housing community in San Diego, USA, the residents highlighted that they knew that there would be someone around to talk to if they went to the lobby. Residents also introduced features such as a pool table and a library, as places where they could visit if they wanted to find someone to socialise with. Having a range of facilities can, therefore, lead to informal encounters in LTC schemes.

The design of LTC schemes and their facilities is important as a poor design can lead to barriers to access, reduce opportunities and lead to isolation (Evans, 2009b). There are many barriers to participation that exist because of the layout of an LTC scheme. Room size is the first feature of an LTC setting that can lead to feelings of exclusion and isolation. In Berryhill Retirement Village, Croucher et al. (2003) identified two communal spaces that could potentially exclude residents from the LTC community. The first was the coffee shop. Residents noted that the coffee shop was too small, so it could not accommodate many wheelchairs. This suggests that the size of the coffee shop could lead to frailer residents being excluded from the community. The main community centre was also considered too big by some residents. Croucher et al. (2003) suggested that this factor could enhance the feelings of isolation within the scheme.

The next feature of an LTC scheme that had the potential to exclude residents was the distance between the accommodation and the site facilities. In Westbury Fields Retirement Village, a mixed-tenure development in the UK, that features retirement apartments, a nursing home and extra care housing facilities, the communal areas were built in the extra care facility (Evans and Means, 2007; Evans, 2009b). This led to unequal access to the communal facilities from all sides of the site, so some residents felt excluded and segregated (Evans and Means, 2007; Evans, 2009b). In Berryhill Retirement Village, the distance from some of the residents' flats to the central lift proved to be an obstacle for the residents. Bernard et al. (2004) highlighted that this restricted residents from participating in the site. These features of the LTC schemes can add to the exclusion felt by the older residents. This could amplify the feelings felt by frailer residents bound by their geography as introduced in Section 2.3.2.

The final feature of the scheme layout that could impact on the development of communities within LTC schemes is the location of different housing tenures. In mixed-tenure villages, the differences in accommodation can lead to isolated community clusters. Evans and Means (2007) discovered that in the Westbury Fields Retirement Village, the separation of housing meant that residents identified with the part of the village that they lived in rather than with the complex as a whole. This led to residents identifying with communities based on housing tenure, but not as a village overall.

2.10 Opportunities for Social Activities and Shared Experiences

The second process identified that could help to create communities in LTC settings is the provision of social activities and shared experiences. Social activities are used in LTC schemes to bring people together, and they can help to provide mutual support for residents (Gray, 2015). Evans and Vallelly (2007) suggest that social and occupational activities are one of the main opportunities for residents to interact in LTC schemes. Croucher et al. (2003) add that social activities can be the main form of social interaction for those with poor health. Age Cymru (2011) suggests that social activities should be meaningful, and they should create fun, humour and interest. They should also aim to bring people together. Davies and Brown-Wilson (2007) add that not only should activities be meaningful, but they should also be ongoing to have any benefit, and they should be flexible to adapt to the needs of the residents. Heins (2010) argues that it is important for residents to have information about any activities, that activities are accessible, and tailored to the residents' needs.

LTC schemes have been known to provide a wide variety of activities for the residents (Bernard et al., 2004; Croucher et al., 2003; Evans and Means, 2007; Percival, 2001). Based on an analysis of six extra care housing schemes in the UK, Evans and Vallelly (2007), identified an assortment of social activities on offer including; on-site activities, such as arts, crafts, bingo, parties and tea mornings; and off-site excursions, such as trips to garden centres, the local swimming pool and to firework displays. In Westbury Fields Retirement Village, there were many activities on offer, including art classes, bingo, coffee mornings, shopping trips and other off-site excursions (Evans and Means, 2007).

Wiersma and Chesser (2012) believe that LTC settings should also plan activity programs that include both residents and staff to create shared experiences. One idea that they suggested is having parties to celebrate birthdays within the scheme. Hilton House Care Home has adopted this approach, with residents and staff making birthday cakes and putting on birthday celebrations for the residents and staff (Lovett Care, 2020). Another activity provided for Hilton House Care Home residents is outside musical entertainment (Lovett Care, 2020). The home believes that these activities help foster community spirit and add to the residents' sense of community.

The examples of social activities listed above relate to social activities provided by the LTC schemes. However, Evans and Vallelly (2007) distinguished between two types of activities, scheme-run and resident-run activities. Resident-run activities are activities that are usually formed and run by residents in a scheme. Brown (2018) highlights that setting up clubs and groups is an action that can help to promote a sense of community within an LTC scheme. In Hartrigg Oaks, there were many resident-led groups (Croucher et al., 2003). This included craft classes, concert groups and literature groups. Croucher and Colleagues (2003) discovered that three-quarters of residents attended these groups, and they highlighted that the shared backgrounds of residents facilitated the growth of resident-led clubs. In Westbury Fields Retirement Village, the croquet club was a resident-run club (Evans and Means, 2007). Evans and Means (2007) believed that the club was important for the residents in the scheme and that it promoted social inclusion. Residents also commented on how they developed friendships overtime with other club members.

Evans and Vallelly (2007) discovered that residents preferred tenant-organised activities. This was because the residents believed that they could have a say in the activities that were put on. The residents also believed that this helped them to attract members who would not usually interact in social settings. Residents creating their own groups and activities in LTC settings can also create a sense of purpose among the residents who run the activities. These resident leaders may feel as though they have a stake in the community

and that they are active members of the community. Resident-run activities are, therefore, important in helping to generate a sense of community within LTC schemes (Evans and Vallelly, 2007).

Both LTC schemes and residents can provide a schedule of social activities for residents to participate in. Residents who attend have the opportunity to socialise and engage in activities with fellow residents. Participating in social activities enables residents in LTC schemes to generate shared experiences. Wiersma and Chesser (2012) believe that shared experiences that develop through recreation and leisure activities can play a huge role in developing a sense of community within LTC settings. Percival (2001) also believed that participation in schemes could help to generate a sense of community within LTC settings. Social activity groups based on common interests within LTC schemes can also be likened to the modern communities of interest as detailed in Section 2.3.3.

2.10.1 Opportunities for Social Activities and Shared Experiences – Barriers to Participation

Although the previous section has highlighted the potential for social activities to lead to communities of interest, some barriers restrict resident participation in these activities. The first barrier to resident engagement in social activities is resident interest. Croucher et al. (2003) argue that although there may be a variety of events available to residents in LTC schemes, that events may not always appeal to all of the residents. In their study of Hartrigg Oaks, some residents believed that the activities on offer were unappealing to them. Others mentioned the lack of activities available in the scheme. These factors led to some residents choosing not to participate in social activities within the scheme. Although resident interest could be a barrier to their participation in the scheme and the development of communities, Evans (2009b) notes, that residents may seek solitude rather than social interaction, so it is important for residents within LTC schemes to have the opportunity and choice whether to interact in social activities or not.

The next barrier to resident engagement in social activities in LTC schemes is the health status of residents. In Hartrigg Oaks, the scheme ensured that less mobile residents had help to get to events (Croucher et al., 2003). This was a good initiative as residents need to spend time away from their accommodation (Evans and Vallelly, 2007). For other residents who are less mobile, the scheme layout could restrict their ability to attend events. This has been explored in Section 2.9.3.

Another barrier to resident engagement in social activities is having events that are open to all. Although advantageous in terms of the inclusionary aspects, creating events for all could

be detrimental to the existence of communities (Evans, 2009b). First, in some instances, slow-paced activities and the inclusion of the infirm has led to frustration by other residents (Percival, 2001). Next, a negative attitude towards less-able residents could dissuade residents from attending events. Croucher et al. (2003) discovered that residents in Hartrigg Oaks who had a sensory impairment, and those who had difficulty taking part did not want to get involved in resident-led activities based on these attitudes. Section 2.12 also demonstrates how having clubs featuring less-able residents could discourage residents from running clubs.

The cost of running activities is another potential barrier to resident engagement. In Westbury Fields Retirement Village, most activities incurred a fee, but initial sessions were funded by the scheme to increase resident interest (Evans and Means, 2007). This could suggest that residents may not be able to afford to continue with an activity that they are interested in. Evans and Vallelly (2007) also identified issues with LTC schemes providing social activities. They discovered that scheme-run activities were restricted due to budget issues. Residents in the schemes were aware of the money issues, so preferred to run their own activities and clubs, fundraising to support the clubs.

2.11 Understanding and Respecting the Importance of Relationships

In the 1980s, Renee Shield (1990) visited an American nursing home. In the nursing home, the residents had shared communal spaces, shared characteristics (including a similar ethnicity) and knew each other before admittance. She discovered that although these factors were present, the nursing home did not have a sense of community. She deduced that a community did not exist within the nursing home due to the focus of relationships within the home being on dependency rather than reciprocity. Similarly, Davies and Brown-Wilson (2007) identified that a sense of community within a care home was contingent on the reciprocity of relationships.

Residents in LTC settings should not just be on the receiving end of care (Heins, 2010). They should be able to form reciprocal relationships involving the giving and receiving of support and advice (Davies, 2001; Ghusn et al.,1996; Lustbader, 1991; Roe et al., 2001). Davies (2001) argues that it is this reciprocity in relationships that is important for the wellbeing of residents in LTC settings. Therefore, the final feature that can help to create communities within LTC schemes is by the schemes adopting an approach that understands and respects the importance of relationships.

Davies and Brown-Wilson (2007) believe that in order to create a community within a care home, homes should prioritise the relationships between community members. When moving into care, residents leave behind a familiar environment, and they give up their usual social networks (Bowman and Johnson, 2003). The landscape by which residents conduct their social relationships is also forever changed (Davies and Brown-Wilson, 2007). Wiersma and Chesser (2012) state that a residents' social network, their interpersonal ties that connect them to others, also change upon admission. This leads to a scenario whereby residents can lose touch with the outside community and their established friendship groups.

2.11.1 Understanding and Respecting the Importance of Relationships – Resident Relationships

Older people value the chance to develop relationships and make new friends (Davies and Brown-Wilson, 2007). Grenade and Boldy (2008) suggest that one way that residents can compensate for the loss of friends and family from the outside world is by creating relationships with other residents. Features of LTC schemes that can help to facilitate resident relationships have been explored earlier in this chapter. Section 2.9.2 proposed that LTC schemes should have a variety of communal facilities within the scheme so that residents can meet new people and meet their friends from the scheme. Section 2.9.3 highlighted that the scheme layout should promote spontaneous interaction so that residents have people to talk to. Section 2.10 introduced social activities and detailed how they could lead to friendships within the LTC schemes.

Friendships and social ties are important when it comes to forming and maintaining communities within LTC settings (Evans, 2009b). Evans and Vallelly (2007) identified a continuum of friendships within LTC schemes. They discovered that the friendship continuum starts at casual acquaintances and ends at intimate friends. The continuum exists because some residents keep others at a distance, choosing not to engage in social participation, instead adjusting to the situation (Abbott et al., 2000).

Individuals who have a limited ability to participate based on their health status could be excluded from forming relationships within LTC settings, remaining casual acquaintances with the other residents. Sections 2.9.2 and 2.9.3 detail how features of the built environment can prevent less-mobile residents from participating in LTC schemes. LTC schemes may be unintentionally designed so that the residents have difficulty navigating the site. Although Section 2.10 highlights how social activities provided by LTC schemes can help to generate relationships between residents in the scheme, Section 2.10.1 details how the health status of residents could limit their participation within the scheme as they may not have the ability

to attend events. The negative attitudes expressed towards residents during social activities could also limit their participation in social activities (Section 2.10.1). Having mixed-ability groups can also impact on resident participation in social activities.

These factors suggest that although relationships are an important component of forming communities within LTC settings, that the health status of residents could impact on their ability to attend events, so they may not be able to become community members. This suggests that LTC schemes can be exclusionary for those most at risk of social isolation and loneliness. Understanding and respecting the importance of relationships within LTC schemes would mean that the scheme would help to facilitate resident attendance and participation in social activities. This approach was implemented in Hartrigg Oaks, as detailed in Section 2.10.1, as the scheme staff provided support for residents to get to events. This suggests that LTC schemes can help increase resident participation in events.

The friendship dynamics of communities may also be influenced by the time of the entry of residents into an LTC scheme. Residents who have lived in the care setting for a longer period and who have generated shared experiences and mutual support may have different friendships to those who have just moved into the scheme (Evans 2009b; Perkinson and Rockemann, 1996). This was the situation in Westbury Fields Retirement Village (Evans, 2009b). The care home opened a year earlier than the rest of the housing facilities. As social interaction patterns had developed between the original residents and friendships had formed, the new residents had to adapt to an environment that had already formed a community (Evans, 2009b).

Similarly, In Hartrigg Oaks Retirement Community, this was also the case. Croucher et al. (2003) detail the differing perspectives from the new residents to Hartrigg Oaks and the Pioneers – the original residents. The newer members felt like it was harder to settle into the established community. The Pioneers, however, felt like it was easier to make friends as they were all in the same situation. They had entered a new facility together, and they were able to navigate the site and have shared experiences. These experiences where what the Pioneers believed helped to create a community within the LTC village. These scenarios illustrate the proposition from Green and Haines (2016) in Section 2.4. Length of residence was a source of conflict within the LTC communities. Evans and Vallelly (2007) believe that welcoming environments are needed to help facilitate social interaction when new residents move into an LTC scheme.

The examples above suggest that the dynamics of resident relationships need to be understood and respected in order for inclusive communities to form within LTC schemes.

2.11.2 Understanding and Respecting the Importance of Relationships – The Role of Care Staff

Another way that relationships between residents within LTC schemes can be developed is through the actions of care staff. Bergland and Kirkevold (2008) believe that the staff have an important role in helping to derive a sense of community between residents in LTC schemes. Wiersma and Chesser (2012) recommend that care staff can achieve this by facilitating both visits and conversations between residents. Davies and Brown-Wilson (2007) supplement this proposition, suggesting that staff can listen to residents and find out their common interests as this can facilitate the formation of relationships between residents with shared interests. These methods have also been advised for use with quieter residents, as Evans and Vallelly (2007) discovered the importance of the role of care staff in helping quieter members integrate with the group. Davies and Brown-Wilson (2007) also suggest that older and more frail residents may need the help of staff to communicate with the other residents. Without this help, they believe that vulnerable residents may not be able to develop friendships or be members of LTC communities.

As well as adopting a facilitating role, care staff can also be members of the communities within LTC schemes, forming their own relationships with the residents. Davies and Brown-Wilson (2007) argue that one of the most important factors that impact a residents' quality of life while living in a care home is their relationship with the care staff who work there. Grenade and Boldy (2008) supplement this idea suggesting that relationships between resident and staff members can parallel the relationships that residents have with their family members. For residents with limited or no family contact, care staff can be a significant source of social contact (Evans, 2009a).

Across different LTC schemes, the importance of resident and staff relationships has been prioritised. In De Hogeweyk, each household has a consistent care team. The care staff are important members of the households (De Hogeweyk, 2017). As introduced in Section 2.9.1, in addition to residents living in households with lifestyles that they relate to, the care staff also work in households that have a lifestyle and atmosphere that they can identify with (Anderzohn, 2012). In De Hogeweyk, care staff do not wear uniforms (Anderzohn, 2012; Godwin, 2015). Working in a household based on a way of life and not wearing uniforms, encourages residents and staff to exist within an environment that they both can associate with. It also changes the dynamics of the relationships between the residents and staff and transforms the living environment into a home (De Hogeweyk, 2017).

A further feature of De Hogweyk that encourages staff and resident relationships is the format of facilities within the village. Within the village, staff are encouraged to spend time with residents. For example, staff cannot get served in the supermarket unless they are with a resident (Godwin, 2015). This ensures that staff prioritise the time they spend with residents, helping them form relationships with the residents.

Another care model that encourages resident and staff relationships are Green Houses. Green House households are staffed by universal care workers, called Shahbazim (The Green House Project, 2015). The Shabaz are required to dedicate care hours towards the development of meaningful relationships with the residents (The Green House Project, 2015). This time is spent nurturing the residents and encouraging them to pursue their interests (The Green House Project, 2017). Loe and Moore (2012) interviewed Shabazim who worked at a New York Green House. The Shahbaz stated that features of the Green House meant that the households ran like family houses. With smaller house sizes and no routine, the Shabaz believed that they could spend more time with the residents and that they developed friendships with the residents.

Similarly, Cohen et al. (2016) researched 12 Green Houses across America and discovered that the Shahbazim working in the Green Houses considered themselves friends with the residents. They also found out that the small house set-up that featured a consistent team of care staff promoted strong relationships within the schemes. Bowman (2008) believes that a consistent team of care staff is a feature of Green Houses that can transform the care accommodation into households.

The final model of care that focuses on the importance of resident and staff relationships is the Eden Alternative. The Eden Alternative is a model of care that was introduced to help to combat loneliness, helplessness and boredom within the LTC environment (Burgess, 2015). The registered nurses attend to residents' emotional needs, which leads to the creation of interpersonal relationships with the residents (Brune, 2011). Burgess (2015) states that the close relationships formed between staff and residents have the potential to form small communities. The Eden Alternative is a never-ending process of creating community (Eden Alternative, 2017).

All three models of care emphasise the importance of developing relationships between residents and care staff within the care schemes. The unifying bond between the different approaches is the consistent care team within the LTC schemes. Davies and Brown-Wilson (2007) advocate for consistency in staffing as it creates opportunities for staff to get to know the residents. They also believe that creating an environment that supports resident

relationships can lead to lower staff turnover. In LTC schemes, care staff may have limited opportunities to interact with residents on a social basis (Evans and Vallelly 2007). Davies and Brown-Wilson (2007) argue that rotas and the daily structure of care homes can reduce the possibility that residents have relationships with staff members. They theorise that if the person assigned to look after a resident is ever-changing, it could be harder for residents and staff to generate relationships. Evans and Vallelly (2007) also reported on the impact of time and rota restrictions across six LTC schemes. The residents felt that the care staff did not have the time to develop relationships with them.

Therefore, in order to create communities within LTC settings, a consistent care staff team who can develop relationships with the residents is important. LTC settings need to understand and respect the relationships between the residents and care staff. Schemes can achieve this by providing carers with dedicated time where they can get to know the residents on a social basis.

2.11.3 Understanding and Respecting the Importance of Relationships – Residents Existing Relationships

The final set of relationships that should be respected are between residents, their relatives and their existing friends. Residents need to maintain their long-standing relationships outside of the facility. This can ensure that they do not lose touch with their outside community. Bowman and Johnson (2003) discovered that older people who can maintain family and social relationships fare better in LTC settings.

Wiersma and Chesser (2012) introduce various ways that LTC settings can facilitate interaction between residents and their existing social network. They suggest that the LTC schemes can plan special events for family and friends, such as dinners and that the schemes, can provide outdoor and indoor spaces for family and friends to visit. They also recommend that LTC settings provide resources and guides about various activities that family and friends can participate in.

Various schemes encourage relationships between residents and their relatives. Noah's Place, a communal lounge in Sunland Springs Assisted Living Community (Section 2.9.2) was created to facilitate interactions between residents and their relatives (Warner, 2017). Section 2.9.2 detailed how residents would entertain their visitors in the on-site restaurants in Hartrigg Oaks Retirement Community and Berryhill Retirement Village (Bernard et al., 2004; Croucher et al., 2007). Evans and Means (2007) discovered, however, that other residents in the scheme did not always welcome visitors. In Westbury Fields Retirement Village, one resident complained that another resident's grandchildren were too noisy.

Accommodating visitors into the LTC community could potentially add to the community, but it could also be at the detriment of resident relationships.

It is important to note that not all residents have relatives and friends who can visit them. To maintain contact with their relatives and friends, residents in Berryhill and Westbury Fields Retirement Villages called and wrote to them. For residents who have relatives who live further away, The Residents and Relatives Association (2010) suggest that staff could help residents keep in contact with their long-distance family members by ensuring that they have methods to communicate with their relatives.

2.12 Enabling Resident Participation Through Roles and Decision Making – Roles

The final process identified in the literature search that could help to create communities within LTC settings is by LTC settings enabling resident participation through roles and decision making. In LTC schemes, communities can be created by focusing on the contribution that residents can have in the scheme (Davies and Brown-Wilson, 2007). Owen (2014) believes that this is one way LTC schemes can help residents remain part of the community. Wiersma and Chesser (2012) suggest that schemes can help residents undertake various roles within the scheme, such as creating opportunities for group leaders and resident volunteering. Residents can volunteer by having a meaningful role within LTC schemes, such as residents helping with laundry or preparing meals (Owen, 2014). This is an approach that has been undertaken in the Green House Project, with residents offered volunteering roles within their households to help with cooking, laundry and housekeeping (The Green House Project, 2015). In Berryhill Retirement Village, some resident volunteers are classified as ambassadors for the village (Bernard et al., 2004). The village ambassadors help manage the village shop, tend to the garden and greenhouse, set up regular raffles, and welcome visitors to the site (Bernard et al., 2004).

Another way that residents can volunteer in LTC schemes is through running their own activities and clubs. Wiersma and Chesser (2012) suggest that this can be achieved by finding out the past activities that residents have participated in and incorporating this into the activity schedule. In Hartrigg Oaks Retirement Community, there were many resident-run groups, as described in Section 2.10. This suggests that residents can have an active role in their communities. Leading activity groups could help residents generate a role identity and Wiersma and Chesser (2012) believe that this can help create a community of interest within an LTC environment.

Croucher et al. (2003) highlight the issues with resident volunteers. They found out that there were many demands placed on resident volunteers. Some residents did not want to spend too much time helping the less-able residents to fit in with activities. Bernard et al. (2004) also introduced issues with resident volunteering. They state that residents did not want to be taken for granted. They also discovered that there were recruitment issues, with there not being enough residents for the voluntary roles available. This indicates that although residents can volunteer within the LTC schemes, it may not be the aim of all residents. This could impact on the creation of communities within LTC settings for older people.

2.12.1 Enabling Resident Participation Through Roles and Decision Making – Decision Making

The final way that LTC settings can help create communities is through residents' involvement in decision-making in the scheme. Davies and Brown-Wilson (2006) introduced the idea that residents living in LTC schemes should have opportunities to contribute. They also stated that staff were needed to facilitate resident participation in decision making and that staff should listen to the residents' views. The most common way that this is achieved within LTC settings is through regular resident meetings and resident committees. In Berryhill Retirement Village, there were monthly resident meetings (Bernard et al., 2004). During the meetings, residents had opportunities to provide feedback about any issues with the amenities or activities. A similar process was undertaken in St Monica's Older Women's Cohousing Scheme. Residents had regular meetings, where they could discuss issues with the scheme and where residents had an opportunity to update any of the scheme values (UK Cohousing, 2017). In Hartrigg Oaks, there was an elected residents committee (Croucher et al., 2003). The committee consulted with residents and passed on any feedback to the management team.

Formal avenues of consultation are important for residents living in LTC schemes. They offer residents an opportunity to balance their needs and the needs of the community (Percival, 2000). Resident participation within resident committees can be demanding for the resident volunteers; however, as Croucher et al. (2003) discovered at Hartrigg Oaks. Residents believed that participating in the committee was a tiresome process and an unrewarding task. They also discovered that staff members believed that the consultation process with residents was slow as residents did not want to see changes. Staff also commented that residents had too much power, making change difficult. Croucher et al. (2003) also discovered that some residents believed that the committee did not represent them. Women also argued that the men dominated the residents' committee.

Resident involvement in decision making, can, however, lead to the development of a community and a community identity. Knight et al. (2010), discovered that within an LTC facility, the group involved in the decision to decorate a shared space was four times more likely to use the space than before. They also concluded that the process of decision making between residents helped the residents within the scheme to generate a shared identity. Haslam et al. (2014), also revealed that the group involved in the lounge refurbishment of an LTC scheme had formed a social identity. This suggests that involving residents in community change can be a positive process. It can also lead to residents undergoing shared experiences, developing shared identities, and creating communities within LTC schemes. Roles and resident influence can also add to the sense of community within LTC settings, an idea introduced in Section 2.6.3. It can lead to a sense of belonging as residents can have an influence in the scheme.

2.13 Chapter Summary

Communities have changed over time. Modern advancements have introduced a new landscape for communities to exist within. The literature surrounding community is expansive, but commonalities between definitions led to a community definition that can be used within my study. This chapter has identified four approaches to creating communities within LTC schemes and illustrated how these approaches were adopted in LTC settings worldwide. This information will enable me to identify communities within LTC settings for older people and evaluate how the schemes in my study have approached the task of creating communities.

The next chapter will expand on the community literature identified in this chapter, investigating the resources required to create communities within LTC settings.

Chapter 3 – The Conceptual Framework

3.1 Introduction

Chapter 1 addressed the motivations for creating communities in LTC settings for older people. It proposed that communities should be created in LTC schemes as there were potential health benefits for residents living in a community and financial benefits for residential care providers. The chapter reasoned that although communities have been a focus of many residential care scheme developments in the UK, that there has been little research on the measurement of communities and the community creation process in these settings.

In order to understand what communities may exist within LTC settings for older people, Chapter 2 reviewed and discussed the literature on communities. The chapter focused on how to identify communities. It began with a discussion of how the term community has been defined, traditionally and then in modern times. Next, the chapter explored how communities were maintained. The chapter concluded with a proposal of four themes on how communities could be created in LTC settings for older people.

While Chapter 1 introduced the rationale for communities, and Chapter 2 detailed how to identify and create communities, this chapter seeks to advance the exploration into creating communities within LTC settings. The focus of this chapter is on uncovering a method to measure community creation. To do this, the chapter investigates the Sustainable Livelihoods Approach (SLA) and the Community Capitals Framework (CCF). These are two popular analytical tools that have been used to measure community resources and understand the factors that influence a community's development (Green, 2016; Gutierrez-Montes et al., 2009).

The chapter begins by examining and discussing the SLA and the CCF. In this section, both tools are evaluated, investigating their potential application to measure and assess community creation efforts in LTC settings for older people. This section concludes by identifying the CCF as the most appropriate tool to assess communities within LTC settings for older people.

Following this, the chapter then explores how the CCF has been used in previous studies to assess the processes used to create communities. In this section, different types of care scheme have been used to make inferences about how the capitals could be used to assess the creation of communities within LTC settings. These inferences are important because the CCF has not been applied to the LTC context before. The CCF is then adapted and used

to create a conceptual framework that informs the methodology used to investigate community creation in LTC settings for older people. This chapter begins with an analysis of the tool developed first, the SLA.

3.2 Sustainable Livelihoods Approach

The SLA is a conceptual tool that was created and developed by the Sustainable Livelihoods Advisory Committee in the 1980s to address poverty in Third World Countries (DFID, 1999; Gutierrez-Montes et al., 2009). It was created based on the basic premise that individuals construct their lives around the assets they have available to them and draw on these assets to build their livelihoods (Brocklesby and Fisher, 2003; Scoones, 1998). The SLA focuses on an individual or a household's strengths and opportunities rather than their constraints (Altarelli and Carloni, 2000; Brocklesby and Fisher, 2003; DFID, 1999; Gutierrez-Montes et al., 2009). It has been used by many institutions, since 1998, including the Department for International Development (DFID), to help identify solutions for the impoverished (Carney, 2003; DFID, 1999; Gutierrez-Montes et al., 2009).

3.2.1 Capital

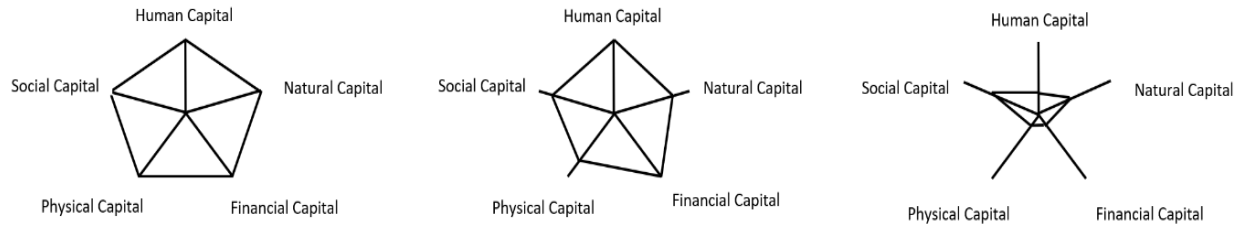
An important feature of the SLA is capital. In the SLA capital is a resource that people and households possess (Gutierrez-Montes et al., 2009). When individuals or households invest in their resources to create new resources, capital is generated (Flora and Thiboumery, 2006; Gutierrez-Montes et al., 2009). The SLA initially focused on economic, social, environmental and productive capitals (Gutierrez-Montes et al., 2009). It was updated, however, and five new capitals; social, natural, human, physical and financial capital, replaced the original capitals (Gutierrez-Montes et al., 2009). Definitions for these five capitals are provided in Table 1.

Capital	Definition
Human capital	The skills, knowledge, the ability to work and good health. Good health is not simply a means of earning a livelihood; it is, of course, an end in itself.
Social capital	The social resources that people draw on to make a living.
Natural capital	The natural resource stocks that people can draw on for their livelihoods, including land, forests, water, air.
Physical capital	The basic infrastructure that people need to make a living and the tools and equipment they use. For example, transport and communication systems, shelter, water and sanitation systems, and energy.
Financial capital	The savings, in whichever form, access to financial services, and regular inflows of money.

Table 1. Capitals in the Sustainable Livelihoods Approach (Source: Harper et al., 2013: 30-31)

In the SLA, the five capitals can be used, invested, stored or depleted over time (Gutierrez-Montes et al., 2009). Capital can be multiplied through capital interaction and also through investment (Gutierrez-Montes et al., 2009). When capital is used to reinforce and develop other capitals, Emery et al. (2006) and Green (2016) suggest that an upward spiral of positive change can occur. Flora and Thiboumery (2006) argue, however, that if one form of capital is favoured over others, capital is at risk of degradation. Emery et al. (2006) add to this notion stating that limited investment in each capital can lead to an erosion of capital and a downward spiral of negative change.

The SLA has been presented visually in asset pentagons, as shown in Figure 3. The centre of the pentagon depicts an individual or household that has no access to any of the five capitals (DFID,1999). The pentagon's vertexes present a scenario where individuals have maximum access to the corresponding capital (DFID, 1999). This scenario is shown in Figure 3i. Different households will have different shaped pentagons (DFID, 1999). Figure 3ii depicts a household that has high levels of each capital. Figure 3iii, on the other hand, depicts a poor household with very little of each capital. Asset pentagons are constantly shifting due to the additions and detractions from the capitals of individuals and households, especially throughout the life course (DFID, 1999).



i. The Perfect Asset Pentagon

ii. Non-Poor Households

iii. Poor Households

Figure 3. Asset Pentagons for the Sustainable Livelihoods Approach (Source Adapted from: DFID, 1999)

DFID (1999) contend that an asset pentagon that focuses on only one form of capital can be detrimental to the livelihood of a household. They believe that it is important for households to combine their capitals and have multiple streams of capital to increase their survival. Harper et al. (2013), supplement this argument stating that households need different sources of capital to make a living. They suggest that the more capital that an individual has, the less vulnerable they are to any negative effects and shocks.

3.2.2 Development of the Community Capitals Framework

After researching rural development in developed countries, Flora et al. (2004), identified limitations when using the SLA. They believed that the SLA did not take into account the impact that the local context and connections with the outside world had on each capital. They also believed that it was important to broaden the remit and focus on the community's assets as a whole, in contrast to only the assets of households or individuals. In order to account for these factors, the original SLA was adapted. Capital was redefined as community resources that are invested to promote community change (Flora et al., 2004; Pigg et al., 2013). Two new capitals, cultural and political capital were introduced. Built capital replaced the original physical capital element of the framework. In total, they identified seven capitals, that they categorised into two groups; material or human factors. There are three material factors; natural, built and financial capital and four human factors; human, social, cultural and political capital (Flora et al., 2004). These seven capitals are the foundation of the CCF. A pictorial representation of the CCF is shown in Figure 4.

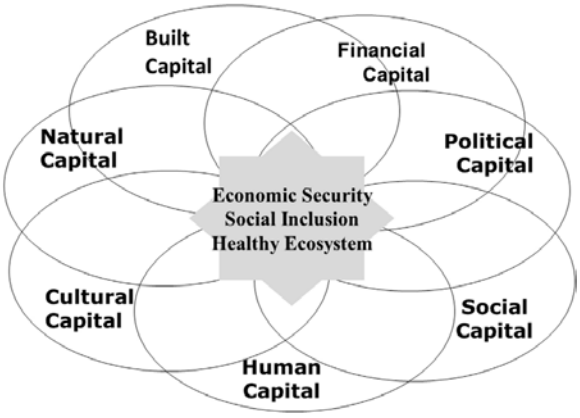


Figure 4. The Community Capitals Framework (Source: Flora and Bregendahl, 2012)

3.2.3 A Comparison of the SLA and the CCF

The rationale for creating the CCF by Flora et al. (2004), suggests that the CCF would be more relevant to the research of communities in LTC settings for older people than the SLA. Both tools focus on a communities strengths rather than its' constraints. However, the focus on a community's resources, the local context and the wider community can all contribute to understanding communities in LTC settings. These features are missing in the SLA and are a limitation of the tool.

When investigating communities in LTC schemes for older people, the wellbeing of residents and staff is also of great importance. Therefore, the chosen analytical tool must be able to capture this aspect. In the SLA, wellbeing is an explicit aim alongside; food security, nutrition, increased levels of income, creating resilience to shocks and stress and also

helping impoverished communities manage their resources (Gutierrez-Montes et al., 2009; Krantz, 2001). Although wellbeing is one of the aims of the SLA, the other aims are more economic in nature and focus on the productive capacity of a community and their livelihoods. This is not an appropriate viewpoint to take when investigating the development of communities in LTC schemes. We do not seek to discover the productive capacity of the scheme's residents.

The CCF, on the other hand, offers an alternative viewpoint to this. The aims of creating a healthy ecosystem, empowering members, social equity and creating a vibrant economy (Jacobs, 2011a); suggest that use of the CCF would be more suitable to investigate communities in an LTC scheme than the SLA. Therefore, the analytical tool that will be used to understand how a community could develop in an LTC setting will be the CCF.

3.3 CCF and Community Capitals

The CCF has been used to assess a variety of communities. Over 60 scholarly studies were identified in a scoping review that explored journal articles between 2008 and 2018 that featured research that had applied the CCF. After shortlisting these studies, three key studies met the following inclusion criteria - i) primary empirical study about ii) non-specialist subject matters, that feature iii) rich description of iv) at least five of the community capitals. They were:

1. Fort Sisseton Historical Festival in South Dakota, USA (Jacobs, 2011b)
2. Reindeer Herding in Sweden (Buchanan et al., 2016)
3. Craft Heritage Trails in North Carolina, USA (Kline, 2017).

These three studies will be used to help explain how a community has utilised each capital to enhance the community's assets. Table 2 presents the background information for each study.

Author	Year	Topic	Location	Background	Capitals Explored
Jacobs	2011	Fort Sisseton Historical Festival	South Dakota, USA	Exploring how an annual cultural event can enhance the assets available to a community	▪ Natural ▪ Built ▪ Financial ▪ Human ▪ Social ▪ Cultural ▪ Political
Buchanan, Reed and Lidestav	2016	Reindeer Herding	Sweden	Exploring how men and women contribute to each capital to help support community resilience	▪ Economic (Financial) ▪ Human ▪ Social ▪ Cultural ▪ Institutional (Political)
Kline	2017	Craft Heritage Trails	North Carolina, USA	Exploring the impact of a tourism strategy of trail development to influence the community capitals	▪ Built ▪ Financial ▪ Human ▪ Social ▪ Cultural ▪ Political

Table 2. Background Information for the Studies that used the Community Capitals Framework (Source: Author, 2018)

After reviewing the literature, although there were examples of the CCF applied to different communities, there were no examples of the CCF applied to communities in LTC settings for older people. In order to overcome this issue, the following sources (first identified in Chapter 2) have been re-examined to make inferences about how the capitals could be used to assess communities in LTC settings:

1. De Hogeweyk in the Netherlands
2. St Monica's Trust Older Women's Cohousing in the UK
3. The Eden Alternative
4. Berryhill Retirement Village in the UK
5. Westbury Fields Retirement Village in the UK
6. Hartrigg Oaks Continuing Care Community in the UK
7. Care Quality Commission (CQC) Guidance

Each source has been examined using the CCF lens in order to gauge a potential application of each capital to the LTC setting.

Each capital from the CCF will now be discussed in turn, beginning with the first material factor – natural capital.

3.4 Natural Capital

Natural capital is the only capital, in its simplest form, that is not created by humans (Flora and Thiboumery, 2006; Jacobs, 2011c). It includes natural resources such as; the atmosphere, the biodiversity, the landscape, environmental services and water sources available to a community (DFID, 1999; Jacobs, 2011c; Scoones, 1998). In the Fort Sisseton

historical festival, natural capital was presented in the form of lakes that could be used for fishing and canoeing and the park grounds that could be used for camping (Jacobs, 2011b).

3.4.1 Natural Capital in Long-Term Care Schemes

In the LTC environment, natural capital is presented in a different form. As a cure for loneliness, the Eden Alternative care model features natural capital in the form of plants and animals (Brune, 2011; Eden Alternative, 2018). Appreciating the wildlife and embracing nature is a common part of life for residents in this care environment (Brune, 2011). In this setting, nature is brought into the scheme, and it may not be typical of what would be naturally occurring in the setting. This is also true of the natural capital in the De Hogeweyk scheme. One of the six pillars of quality of life in De Hogeweyk is a favourable surrounding (van Amerongen and van Hal, 2016). The scheme was designed to feature natural capital in the form of parks, gardens, fountains and ponds (van Amerongen and van Hal, 2016).

Natural capital in the original CCF is presented as natural resources which were not created by humans. In an LTC scheme, during the design stages, people can help to influence the natural capital present. As a result of this and the idea that natural capital is introduced in the LTC setting by the providers, it would be better to integrate natural capital into the next category, built capital.

3.5 Built Capital

The next material factor in the CCF is built capital. Built capital is classified as physical infrastructure that has been created by humans (Flora and Thiboumery, 2006). It has been regarded as one of the foundations for a community as it can link locals, businesses and institutions (Hansen, 2011; Jacobs, 2011a). It relates to what is built on the land (Jacobs, 2011a). It includes buildings, roads, vehicles, electronic communication, water and sewer systems (Flora and Thiboumery 2006). In the Fort Sisseton historical festival, built capital was identified as roads that were used to access the festival (Jacobs, 2011b). In the craft heritage trails study, public artwork was classified as built capital (Kline, 2017).

3.5.1 Built Capital in Long-Term Care Schemes

In an LTC scheme, the communal spaces and the design of the site could be the main source of a community's built capital. In the St Monica's Older Women's Cohousing Scheme in London in the UK, there was an abundance of built capital for the community to use (OWCH, 2017). Here, the built capital was in the form of communal spaces; which included common rooms, guest suites and a laundrette (OWCH, 2017). In De Hogeweyk, the built capital relates to the housing accommodation and the variety of amenities onsite; including

café's, restaurants and a supermarket (De Hogeweyk, 2017; NSL, 2014). The site's layout also enhances the built capital of this scheme as it was designed so that there is something interesting around every corner (Andersen, 2012). The site design of De Hogeweyk is shown in Figure 5. Further information about the De Hogeweyk scheme layout has been presented in Section 2.9.3.

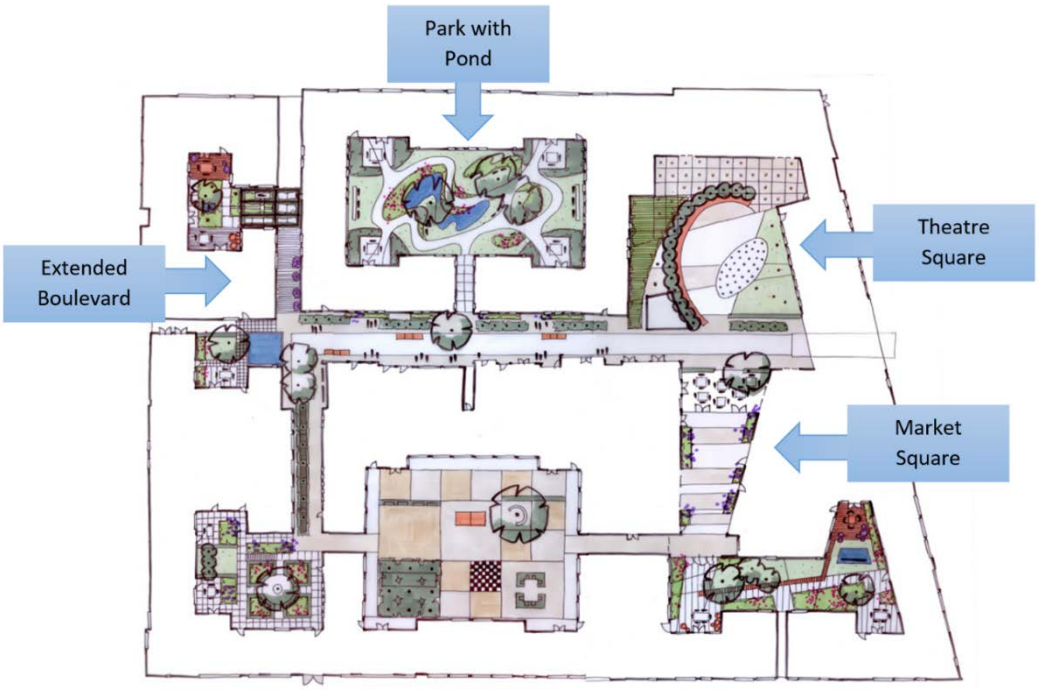


Figure 5. The De Hogeweyk Site Layout (Source: van Amerongen and van Hal, 2016)

Built capital may not always be a positive addition to an LTC settings community capital, however. Section 2.9.3 introduced different examples of how poor design of the built capital within a care scheme could reduce opportunities for resident interaction. One important example was in Westbury Fields Retirement Village in the UK. The communal room was built with unequal access to the residents (Evans and Means, 2007; Evans, 2009b). The communal room was closer to those who lived in the retirement apartments, so residents who lived in sheltered housing had further to walk. This meant that the sheltered housing residents did not visit the communal room as much. In this instance, the built capital detracted from the overall community capital of the community.

3.6 Financial Capital

The final material factor that a community can have is financial capital. Financial capital refers to the savings, cash, bank deposits and grants that a community can use for community development efforts (DFID, 1999; Flora et al., 2004; Flora and Thiboumery 2006; Jacobs, 2011d). Communities can gain interest on investment, and this can lead to more money for the community (Jacobs, 2011d). It is one of the most versatile assets as it can also be converted to other capitals, and it is also the easiest capital to measure (DFID, 1999;

Jacobs, 2011d). Financial capital also relates to how a community will pay for development now and in the future (Hansen, 2011).

In the Fort Sisseton historical festival, 30,000 annual visitors contribute to the local economy (Jacobs, 2011b). This increased footfall contributes to increased revenue to local businesses (Jacobs, 2011b). There are also fees and state sales tax paid for by vendors in the festival who sell food and crafts (Jacobs, 2011b). These sources of income would increase the financial capital for this community.

In the reindeer herding communities, the income gained from reindeer herding was the main source of financial capital (Buchanan et al., 2016). To withstand the cyclical effects of the economy, many community members also had multiple sources of income and diversified their income streams (Buchanan et al., 2016).

3.6.1 Financial Capital in Long-Term Care Schemes

In LTC settings, there are various streams of income that could add to the community's financial capital. Financial capital in the forms of grants and loans can be used to build the care premises. In Hartrigg Oaks Retirement Community, there was an initial capital outlay of £18 million to build the scheme (Croucher et al., 2003). In the De Hogeweyk cohousing scheme, there was also a high initial outlay of €19.3 million (van Amerongen and van Hal, 2016). Funding came from public grants and private sources (van Amerongen and van Hal, 2016). These high figures suggest that opening an LTC scheme is a restrictive process, and only a provider who can afford such a feat can engage in the process.

An ongoing source of financial capital for an LTC scheme could be the monthly fees. In the UK, places in LTC settings are funded by residents, by the Local Authority or from a combination of both sources (LaingBuisson, 2015). As Local Authorities can negotiate fees to low levels (Colombo et al., 2011), this impacts on the availability of financial capital in an LTC setting. Lower occupancy rates could also impact on the financial capital of an LTC scheme. In 2018-2019, Knight Frank (2019) reported care home occupancy rates of 88.9% across the UK. In the South West, this figure reached lows of 85%. As having an occupancy of less than 85%, means that a care home is no longer profitable (Roberts and Barnard, 2017), lower occupancy rates could impact on the ability of a scheme to invest their financial capital in the other capitals.

Another source of financial capital in an LTC setting could be through the annual service charge. This service charge can be used for maintenance of the facilities. This was the situation in Hartrigg Oaks Retirement Community, were an annual community fee was used

for the maintenance of the site facilities. The final source of financial capital could come from user charges. In Berryhill Retirement Village, residents had to pay for social activities and to use the facilities in the village (Bernard et al., 2004).

3.7 Human Capital

The first human factor in the CCF is human capital. Human capital relates to both the individuals within a community and the attributes that these individuals may possess that can be used to help strengthen the community (Flora et al., 2004). It is an investment by the community in people (Jacobs, 2011e). It includes the health, knowledge and skills of the community (Flora et al., 2004; Flora and Thiboumery, 2006; Hansen, 2011). Human capital can be generated by learning from others and through experiences (Jacobs, 2011e). This was witnessed in the Fort Sisseton historic festival as "festival planners, presenters and historical reenactors" shared their knowledge and experiences with festivalgoers (Jacobs, 2011b: 6).

Human capital can also be gained through education; both formal and informal. In the reindeer herding communities, human capital was developed through informal and formal education. Reindeer herding skills were transferred through informal education between generations (Buchanan et al., 2016). Community members also developed human capital through formal education by attending local schools (Buchanan et al., 2016).

Human capital also takes into account the leadership potential of community members (Flora et al., 2004; Flora and Thiboumery, 2006). Leadership is an important part of human capital (Flora and Thiboumery, 2006). Leaders engage in lifelong learning, and they need to be willing to try new ways of thinking (Jacobs, 2011e). For communities to thrive, there needs to be a focus on developing leaders and enhancing their skills (Jacobs, 2011e). Jacobs (2011e) argues that a community with human capital can combine the ideas, capacities and resources of individuals to create benefits for the community.

3.7.1 Human Capital in Long-Term Care Schemes

In an LTC setting, human capital can materialise through various avenues. First, it can relate to the ability of staff members to facilitate and cultivate communities. In the Eden Alternative, staff are trained to look after the emotional needs of residents (Burgess, 2015). There is also a huge emphasis on wise leadership within this care model. Staff are trained to develop communities, and they are also empowered through training and development programmes (Eden Alternative, 2016). The training model focuses on creating leaders from within, with leaders tasked with growing other leaders (Eden Alternative, 2016).

In the Green House Project, care workers are also an important component of the care communities. They are tasked with creating meaningful relationships with residents (The Green House Project, 2015). They also encourage the residents to pursue their interests (The Green House Project, 2017b). In one instance, a resident was encouraged to play the piano, something that they had been unable to do since entering the setting (Burgess, 2015). Using staff members to help integrate residents can allow residents to become active members of different communities (The Green House Project, 2017b).

The final form of human capital in LTC schemes can relate to the role that residents take in creating and maintaining communities in the schemes. Section 2.12.1 introduced the idea that resident volunteers could help to create communities within LTC schemes. In the UK, Berryhill Retirement Village was presented as an example where residents could take an active role in the village by becoming volunteers and ambassadors (Bernard et al., 2004). During these roles, residents could organise fundraisers, run art and dance classes, and they could also welcome visitors to the village. These roles provide residents with the opportunity to develop leadership skills and contribute to their human capital. However, one issue with creating resident leaders is the impact of ageing on their ability to fulfil their job roles. Bernard et al. (2004) discovered that residents would need someone to take over when they become unable to complete their duties.

3.8 Social Capital

The second human factor in the CCF is social capital. Social capital was first introduced in Section 2.6.2 as an outcome of social participation by individuals in a community. Social capital relates to human interaction among individuals and groups (Flora et al., 2004; Flora and Thiboumery, 2006). It is developed through networks and connecting with others. Memberships to groups, relationships focused on trust, reciprocity and exchange all generate social capital and social resources which individuals can draw on to engage in coordinated actions (DFID, 1999; Flora et al., 2004; Scoones, 1998).

Social capital cannot be built individually; it must be built by interaction within the community (Flora et al., 2004). Flora and colleagues (2004) argue that human interaction is regarded as one of the foundations of a community. They believe that when relationships are strengthened, and communities communicate, social capital is built. They suggest that this social capital can help communities become responsible for each other and help them adapt to change.

3.8.1 Bonding and Bridging Social Capital

There are two main types of social capital that can be generated within a community. They are bonding and bridging social capital. Bonding social capital refers to the "strong intra-community ties" that may exist; while bridging social capital relates to the "weak extra-community networks" (Woolcock and Narayan, 2000: 8). Both capitals will now be discussed in turn, starting with bonding social capital.

Bonding social capital refers to connections among similar individuals who have things in common (Flora et al., 2004; Putnam and Feldstein, 2009). It is considered an exclusive capital and it is generated by close-knit groups such as close friends, family and neighbours (Putnam, 2000; Woolcock, 2001). In the reindeer herding communities, bonding social capital was developed within households as family members participated in reindeer herding activities together (Buchanan et al., 2016).

Bonding social capital can also be used to develop social support within a community, and this can lead to social solidarity (de Souza Briggs, 1998; Narayan, 2000). In the Fort Sisseton historical event, as the community works together to plan the festival, bonding social capital can be created (Jacobs, 2011b). Kline (2017) also discovered bonding social capital amongst artists. She discovered that the heritage trails created a sense of fellowship among the artists.

Bridging social capital, on the other hand, is used to connect diverse groups within the community and also the community to the groups outside of the community (Flora et al., 2004). While bonding social capital is exclusive, bridging social capital is more inclusive, and it features distant friends and associates of community members (Putnam, 2000; Woolcock, 2001). It links individuals across social distances, and it also features more heterogeneous people, representing different social divides (Putnam, 2000; Putnam and Feldstein, 2009). This was true in the Fort Sisseton historical festival as bridging social capital was developed as "state agencies, committees, vendors and entertainers" came together and worked together (Jacobs, 2011b: 6). Bridging social capital was also developed in the cultural heritage trail study as the events brought visitors to the area, linking artists and non-artists (Kline, 2017).

Bridging social capital is also important as it can be a form of leverage for communities to allow them to get ahead as their dispersed ties are crucial for attaining material aid and external resources (de Souza Briggs, 1998; Putnam, 2000). This could be a disadvantage that is suffered by the reindeer herding communities, however. Buchanan et al. (2016) discovered that there were low levels of bridging social capital between the reindeer herders

and the wider community. The herding community felt like they were minor actors in mainstream society and that the Swedish did not understand their lifestyle. They also felt like their livelihood could come under threat as their land could potentially be used for more profitable industries, such as the energy industry. This suggests that a lack of bridging social capital could potentially impact on the survival of the reindeer herding community.

Unlike bonding social capital, bridging social capital is less likely to develop automatically, and it is also harder to create (Putnam, 1993; Putnam and Feldstein, 2009; Warren et al., 2001). Putnam and Feldstein (2009) believe that this is because bridging social capital cannot form without the presence of bonding social capital. They argue that there needs to be unity within the group before connections can be forged with those outside of the community. Different communities, however, will require different endowments of each capital, and these requirements will most likely change over time (Putnam and Feldstein, 2009; Warren et al., 2001; Woolcock, 2000). Warren et al. (2001) argue that striking the correct balance between bridging and bonding social capital is important for communities.

3.8.2 Social Capital in Long-Term Care Schemes

In an LTC scheme, bonding social capital is generated within the scheme. Bridging social capital is generated with different groups within the scheme, and it is also generated with the wider community. In LTC settings, both types of social capital are facilitated through investment in the other community capitals. Built capital, such as communal areas, create a physical location for social interaction between residents, which can lead to the generation of bonding social capital (Croucher et al., 2003; Gray, 2015). Human capital, in the form of staff members, can help residents integrate within the LTC settings, which in turn can lead to the generation of bonding social capital between residents (Evans and Vallelly, 2007). This has been witnessed in the Eden Alternative. Staff members are available to help facilitate interaction between residents (Eden Alternative, 2018).

Developing meaningful relationships between staff members and residents can also lead to bridging social capital. This is of great importance in the Eden Alternative, the Green House Project, and De Hogeweyk (Brune, 2011; De Hogeweyk, 2017; The Green House Project, 2015). Bridging social capital can also be developed if onsite amenities are available for use by the wider public. This is a feature common in many schemes, including De Hogeweyk (De Hogeweyk, 2017).

Achieving bridging social capital with the wider community in LTC settings may not always be possible, however. In Hartrigg Oaks Retirement Community, residents had reservations about the coffee shop and restaurant being used by the public due to the large fees that they

were paying for the privilege of having the facilities in their community (Croucher et al., 2003). This could form resentment from residents if the wider community were to use these amenities, and it can impact on the relationships and the extent to which bridging social capital exists between the residents and the wider community.

3.9 Cultural Capital

The next human factor in the CCF that will be discussed is one of the newly introduced capitals, cultural capital. Cultural capital reflects how community members see the world, how they think and act in the community, and includes symbols of worth, dignity and joy (Flora et al., 2004; Hansen, 2011). It is a human construction that is created over generations (Flora and Thiboumery, 2006). In the reindeer herding study, cultural capital was generated as traditional husbandry was passed down through the generations (Buchanan et al., 2016).

Cultural capital also represents a shared identity between community members (Jacobs, 2011f). Jacobs (2011f) believes that this identity gives each community its' own unique character. In the heritage craft trails study, the craft trails enabled the region to be recognised as a region for craft (Kline, 2017). This unique character provided the community with a platform that allowed them to sell their arts and crafts (Kline, 2017).

Cultural capital can also be formed when community members live through historical events together (Jacobs, 2011f). During the Fort Sisseton historical event, cultural capital was gained through the activities that occur during the festival (Jacobs, 2011b). Re-enactments of life at the fort, listening to music, dancing, storytelling, and exploration of the grounds provide the community with an opportunity to relive past events, learn traditions and live through experiences as a community (Jacobs, 2011b).

3.9.1 Cultural Capital in Long-Term Care Schemes

One care scheme that actively promotes the development of cultural capital is De Hogeweyk. Section 2.9.1 detailed how the residents were grouped into households based on one of the seven lifestyles. Each household contains residents who share similar values and ideas (De Hogeweyk, 2017). This creates a shared identity between residents (De Hogeweyk, 2017). With the active promotion of culture and allocating residents into lifestyle groupings, cultural capital can be developed within the LTC community.

Cultural capital may not always be a positive addition to an LTC community, however. Different populations may live together, and they may have traditions, histories and values

that may oppose (Jacobs, 2011c). This was witnessed in the Westbury Fields Mixed-Tenure Retirement Village (Evans, 2009b). Residents were clustered into accommodation based on what they could afford, and this aligned with their socio-economic status. Those with a higher socio-economic status could afford to purchase private apartments (Evans, 2009b). They lived separately from the rest of the village and engaged in activities, such as croquet that became exclusive to those who lived in this form of accommodation (Evans, 2009b). Overall, the fallacy that a mixed-tenure village would provide interaction opportunities for individuals from different socio-economic statuses resulted in clearly defined tenure-specific factions that did not mix.

3.10 Political Capital

The final human factor in the CCF is political capital. Political capital represents access to power within a community (Hansen, 2011). Power is the ability of the community to influence the community's resources (Flora et al., 2004; Flora and Thiboumery, 2006). Jacobs (2011g) noted that political capital focuses on how decisions are made and who makes the decisions in a community. Hansen (2011) adds that if community members have political capital, they can voice their opinions and partake in joint collaborative action. In the craft heritage trails, political capital was generated as artists were able to work together, and they were given a voice (Kline, 2017). These actions enabled them to showcase and sell their crafts (Kline, 2017).

Jacobs (2011g) identified an important feature of political capital. She argued that both individuals and groups could have political capital. She also stated that many people could share political capital, but it can also be contained by a few. Flora et al. (2004) added to this notion arguing that political capital can affect the quality of life of whoever possesses it. Consequently, when groups use their political capital, working towards a common cause, there is an opportunity for leverage within a community (Jacobs, 2011g). During the craft heritage trails study, the artists had political capital that afforded them leverage (Kline, 2017). As the artists were mobilised, and the craft industry was legitimised in the eyes of others, the artists were able to take a visible role in the development efforts (Kline 2017).

If a community has political capital, it can also influence the public and private resources that the community has, and this can lead to outside resources being brought in (Flora et al., 2004; Flora and Thiboumery, 2006; Jacobs, 2011g). In Fort Sisseton, there were high levels of political capital. This influence meant that the festival acquired state funding that was used for the upkeep and preservation of the park (Jacobs, 2011b).

A community with political capital may also be able to influence the government, persuade the doubters and find new funding sources for the community (Jacobs, 2011g). Outside connections are important as they can help enhance community capital (Flora et al., 2004). In the reindeer herding communities, education enabled the community to acquire links to power within and outside of the community. The community used its political capital to support their reindeer's habitat needs (Buchanan et al., 2016).

Fey et al. (2006) introduced further features of a community's political capital. They suggest that political capital also includes the rules and regulations that affect the day to day running of a community. They believe that these rules and regulations can limit the ability of a community to invest in the other capitals.

3.10.1 Political Capital in Long-Term Care Schemes

In LTC schemes, one of the main sources by which political capital can be developed for communities is through resident committees. Committees present the residents with an opportunity to express their opinions on how the scheme is being run. Section 2.12.1 introduced different resident committees that were present in Hartrigg Oaks, St Monica's Older Women's Cohousing Scheme and Berryhill Retirement Village in the UK. In all three schemes, the committees enabled residents to provide feedback and have a role in how the schemes were run. Staff at Hartrigg Oaks commented, however, that some fee-paying residents may have had too much power (Croucher et al., 2003). They were judged to be too demanding, and during periods of fee increases, become very vocal (Croucher et al., 2003).

In an artificial environment, such as an LTC setting, the regulations and requirements can also affect the power and the political capital of the LTC communities. The political environment, and more specifically, the regulators of ASC provision, the Care Quality Commission (CQC), have a set of regulations dictating care provision. They also perform regular inspections assessing the quality of care (Burton, 2017). There are regulations relating to the financial sustainability of a scheme, requirements for the premises, and staff training and development. Non-compliance with these regulations could mean penalties for providers, and they could even lead to LTC schemes being refused initial registration (CQC, 2017a; CQC, 2017b; CQC, 2017c). This suggests that an LTC community should not be assessed in isolation; the wider influences on the community also need to be considered.

The preceding sections have assessed each community capital and its application to LTC settings. Using information from Flora et al. (2004), Emery et al., (2006) and Jacobs (2011a-g), Table 3 displays a summary of each capital featured in the CCF and a short description of its relevance to the LTC setting.

Community Capital	Description	Relevance to a Long-Term Care Setting
Capital	A resource that can produce other resources. It can be enhanced changed, used or used up.	▪ An LTC scheme can have any combination of the community capitals listed below. ▪ Each scheme will have different levels of capital and may want to develop different capitals.
Natural Capital	The landscape, environment, wildlife and water sources make up the natural capital of a community.	▪ There could be gardens and greenery in an LTC setting. ▪ There could also be pets and animals available for the residents to interact with.
Built Capital	Buildings and infrastructure make up the built capital of a community. This includes the roads and streets within a community.	▪ There is a variety of built capital within an LTC setting. ▪ There could be communal spaces that can help bring the community together. ▪ The site design could also influence whether people would be willing to venture out of their individual properties. ▪ Poor design could potentially lead to isolation.
Financial Capital	Financial capital in a community may come in the form of money, grants and access to funding.	▪ Funding could come from the Local Authority. ▪ Self-Funders also make up a proportion of the income of LTC schemes.
Human Capital	Human capital comprises the skills and abilities of people. It also includes leadership, knowledge and the ability to access resources.	▪ Human capital could come in the form of the staff who work in the home. ▪ Staff are trained to look after the residents. ▪ Have the staff been trained to help create a sense of community within the home?
Social Capital	Social capital refers to the connections in the community. It relates to the bonds between people, groups and organisations. Bonding social capital relates to close ties that can help to build community cohesion. Bridging social capital can create bridges among organisations and communities.	▪ Social capital could develop in many ways within an LTC scheme. ▪ Residents have their own social networks that they enter the home with. ▪ They also can develop bonding social capital with residents in the home. ▪ Bridging social capital could develop between residents and staff and also between residents and the communities outside of the home.
Cultural Capital	Cultural capital refers to the way that people are in the world and how they know the world. It includes the traditions, religions, ethnicities and heritage within a community.	• Different cultures may exist within an LTC scheme, and this may or may not lead to exclusion. • There could be different cultural heritages within an LTC setting that could impact on social cohesion.
Political Capital	Political capital relates to the influence, power, access to resources, and community members' connections to people in power.	▪ Residents could have a voice and be able to influence proceedings. ▪ The resident committee can provide a platform for residents to express their views. ▪ CQC inspections may have an implication on how LTC schemes are run.

Table 3. The Community Capitals Framework Applied to the UK LTC Setting (Source: Author, 2018)

3.11 Capital Interaction and Spiralling Up

So far, the analysis of the potential application of the CCF to LTC settings has focused on most of the capitals in isolation. The CCF adopts a systems perspective, however (Emery et al., 2006; Flora et al., 2004; Gutierrez-Montes et al., 2009). This perspective takes a holistic view, looking at the whole picture (all of the capitals) rather than a fragment of a community (a single capital). This is because community capitals do not exist alone; they intertwine and work as a system (Jacobs, 2011a).

Section 3.2.1 introduced the spiralling up nature of the capitals. It explained that when capital is used to reinforce and develop other capitals, an upward spiral of positive community change can occur (Emery et al., 2006; Green, 2016). The next sections aim to build upon Emery and colleagues (2006) ideas and on spiralling up to show how investment in the community capitals can lead to capital interaction within the CCF when applied to LTC settings for older people.

3.11.1 Spiralling up Political Capital

Section 3.10.1 introduced political capital. The section explained how LTC facilities within the UK operate under the strict guidelines of the CQC. This means that even before an LTC scheme is built or a building is converted, and a location for an LTC community is created, there are requirements for the providers from the CQC. These regulations can have a huge impact on the financial capital of a community. If the CQC deems financial resources insufficient, an LTC scheme cannot be built (CQC, 2017a). However, if there are sufficient financial resources, a scheme can be built and the foundations of the scheme, the built capital, can be developed.

Regulations also have an impact on the built capital of a scheme. There are rules relating to access to buildings and links to the wider community (CQC, 2017b). If the built environment conforms with these regulations, there is the potential for bonding social capital to be developed amongst residents and bridging social capital with the wider community.

Political capital can also influence human capital in an LTC setting. There are regulations relating to the training of staff who work in these settings (CQC, 2017c). If a scheme conforms to these regulations, there is the potential to develop a skilled workforce, which, in turn, can increase the human capital in LTC settings. Regular meetings within LTC schemes can also generate political capital. Working together to enable change at these meetings can provide a platform for residents to develop bonding social capital. More detailed examples of

the influence of political capital on the other community capitals in LTC schemes are presented in Figure 6.

Political Capital	Political Capital	Political Capital	Political Capital
▪ The rules and regulations set out by the CQC impact on the political capital of a community. ▪ LTC providers must have the ability to meet the financial demands for a safe level of service for the residents[1].	▪ CQC regulations state that an LTC scheme should be easy to enter, exit and be navigable by residents[2]. ▪ They also state that the needs of the residents should be considered when a scheme is designed, built, maintained and adapted[2].	▪ There are CQC regulations relating to staff training. ▪ Care staff are required by law to be skilled, qualified and competent for their role[3]. ▪ Training, learning and development should be provided and reviewed at regular intervals[3]. ▪ Care staff should be given a regular appraisal of performance[3]. ▪ Schemes are required to do an induction for each new staff member[3].	▪ There are regular meetings at Berryhill and Hartrigg Oaks retirement communities that can help develop the political capital in the communities. ▪ The residents can voice their opinions. ▪ They also have an opportunity to speak to the staff and management of the communities.
Financial Capital	**Built/Natural Capital**	**Human Capital**	**Social Capital**
▪ If a scheme does not have the initial financial capital outlay to support care residents, then the CQC has the right to refuse registration of a care scheme. This means that the political environment could prevent a care scheme from opening. ▪ If the provider has the required financial capital, they can open a care scheme and invest in built capital.	▪ This means that the political environment impacts on the built capital of an LTC setting. ▪ Schemes need to be created for the benefit of the residents. ▪ The location of an LTC scheme is important as residents need to have easy access to facilities and also provide easy access to the wider community[2].	▪ If LTC settings follow the regulations, a skilled workforce can be developed that can help to foster a community.	▪ These regular meetings provide a platform that can enable the development of ***bridging*** social capital between the residents and staff. ▪ These meetings also provide the opportunity for residents to engage in joint action towards a joint goal. This collaboration between residents can help develop ***bonding*** social capital in these care communities.
Built/Natural Capital	**Social Capital**		
▪ An LTC scheme can be built that can house the residents. ▪ This can provide an artificial environment for a community to develop.	▪ If LTC settings are easy for residents to move around, they will be more likely to move around and meet with other residents. This could lead to the generation of ***bonding*** social capital. ▪ Enabling access to the wider community can help to develop ***bridging*** social capital as residents can meet the locals.		
(References: [1]CQC, 2017a; [2]CQC, 2017b; [3]CQC, 2017c)			

Figure 6. Inferences about the Potential Influence of Political Capital (Source: Author, 2018)

3.11.2 Spiralling up Financial Capital

Another important capital introduced in Section 3.6.1 that can spiral up and create other capitals through investment is financial capital. Figure 7 and Figure 8 present examples of how financial capital can spiral up in LTC settings for older people. Figure 7 focuses on examples of how financial capital can be transformed into built and social capital. The first illustration of this is during the development of LTC settings. The initial investment of financial capital can be transformed into built capital. In Figure 7, this relates to Hartrigg Oaks and De Hogeweyk. The communal areas built provided residents with places to meet and, in turn, could generate bonding social capital.

In LTC settings where the built environment is accessible for the wider community, such as in De Hogeweyk (displayed in Figure 7) there is also the opportunity to generate bridging social capital. This would form during interactions between the wider community and the residents in the scheme. Financial capital in the form of payments for activities can also be transformed into bonding social capital between participating residents. This is shown in Figure 7, with an example from Berryhill Retirement Village.

Figure 8, on the other hand, shows how financial capital can be transformed into human capital. Paying for training (financial capital) can help to develop staff (human capital), which can, in turn, lead to the development of bonding and bridging social capital. Many of the models of care invest in the training of staff members. Figure 8 provides information about the De Hogeweyk scheme. Alongside an annual training event, there are also quarterly staff meetings (van Amerongen and van Hal, 2016). These allow the staff members to develop their human capital. They are also an opportunity for bonding social capital to develop amongst staff members.

Similarly, Figure 8 displays how training for the Eden Alternative can lead to bonding social capital through relaying and teaching information to staff members. The skills learnt can help transform the human capital into bridging social capital as staff are taught how to communicate with residents (Burgess, 2015). The final example in Figure 8 relates to the training and activities coordinator at Berryhill Retirement Village. A financial investment (the salary) in the activities coordinator ensured that resident-led events were available. This investment has the potential to lead to bonding social capital between residents who participate in the events.

Financial Capital	Financial Capital	Financial Capital
▪ Hartrigg Oaks Continuing Care Retirement Community had an initial financial investment of £18 million to build the care community[1]. ▪ They also receive an annual community fee from each resident that has a service charge component for maintenance of the site facilities, which adds to the overall financial capital of the community[1].	▪ De Hogeweyk cohousing scheme had an initial financial investment of €19.3 million to build the care community[2]. ▪ Annual costs to run the scheme total €9.8 million[2]. ▪ Each resident receives up to €5,800 per month from the Dutch system, and they may have to pay up to €3,300 per month[2]. • This financial capital is invested towards many activities, including; in the maintenance of the site and paying for resident activities[3].	▪ Residents invest their financial capital in paying for social activities and the use of facilities in Berryhill Retirement Village.

Built/Natural Capital	Built/Natural Capital	Social Capital	Social Capital
▪ The initial financial capital investment provided a variety of built capital for the residents including; a coffee shop, a restaurant, meeting rooms for residents, a library, a hairdresser and arts and crafts facilities. These are all communal facilities that can be enjoyed by residents. ▪ The annual community fee allows the maintenance of these communal facilities. This means that residents have a place to meet and socialise.	▪ The initial financial investment provided a variety of facilities for use by the residents and the community, including; café's, restaurants, supermarkets and gardens. This has led to the development of both built and natural capital. ▪ The monthly fees are used towards maintenance of the communal areas.	▪ The financial capital is used to pay for 30 minutes of activity for each resident each week. These activities provide residents with the opportunity to interact. This can create ***bonding*** social capital.	▪ This financial investment can be transformed into social capital. ▪ Residents are given opportunities to socialise, and this can help to develop ***bonding*** social capital.

Social Capital	Social Capital
▪ As residents have a variety of facilities to meet at, the investment in built capital can be transformed into ***bonding*** social capital.	▪ As the residents can use the facilities, ***bonding*** social capital can be developed. ▪ Use of the facilities by the wider community can also lead to the residents and the wider community interacting and the generation of ***bridging*** social capital.
(References: [1]Bernard et al., 2004; [2]van Amerongen & van Hal, 2016; [3]Sarmento, 2015)	

Figure 7. Inferences about the Potential Influence of Financial Capital (Source: Author, 2018)

Financial Capital	Financial Capital	Financial Capital
▪ The financial capital in De Hogeweyk is used to pay for staff introduction days, annual training and quarterly staff meetings[1].	▪ The financial capital of $575 per person or $475 for a group of 4+ can be invested in training for the Eden Alternative[2] ▪ This training programme lasts for three days[3]	▪ At Berryhill Retirement Village, financial capital is invested in the staff training[4]. ▪ They also invest financial capital in training non-resident activities coordinator[4].

Human Capital	Human Capital	Human Capital	Human Capital
▪ The financial capital has been invested in the human capital of the community. ▪ The staff can develop their skills, and they are provided with the opportunity to meet and train together.	▪ During the programme, staff are trained to facilitate the development of communities amongst the residents. ▪ Staff are also tasked with and taught how to create meaningful relationships with residents. ▪ They are also taught how to cascade the knowledge from the training to the residents[3]. ▪ This can lead to the development of human capital that can be used to help grow communities in the LTC settings.	▪ The training programme is delivered so that attendees can cascade the knowledge to their colleagues[3]. ▪ This can lead to the development of human capital as skills and knowledge can be acquired by the staff in the organisation.	▪ During the extensive training programmes and induction, staff are taught first aid, and they have specific leadership training. ▪ They can also partake in the Kaizen training system, which provides them with skills to solve problems. ▪ This initial financial investment can be transformed into human capital and produce a more skilled workforce.

Social Capital	Social Capital	Social Capital	Social Capital
▪ The process of developing human capital can also lead to ***bonding*** capital amongst the staff. ▪ This can help to facilitate the growth of a community of staff.	▪ As the staff will be attempting to create communities within LTC settings, there will be interactions between staff and residents. ▪ Staff have also been given the tools to create meaningful relationships with residents. The skills could help lead to ***bridging*** social capital between the staff and the residents. ▪ There could also be ***bonding*** social capital between residents. They will learn how to make communities and interact with each other.	▪ The process of devolving information to the staff can lead to the development of ***bonding*** social capital. The staff members have a chance to interact and grow together.	▪ As the activities coordinator has been given skills that enable them to lead and communicate with resident groups, ***bridging*** social capital between the staff member and the residents can develop. ▪ The activities coordinator is also given skills to help ensure that resident-led groups are organised and available for the residents to attend. This can lead to residents gaining ***bonding*** social capital as they can join and become members of groups within the retirement village.

(References: [1]van Amerongen and van Hal, 2016; [2]CEAT, 2018; [3]Burgess, 2015; [4]Bernard et al., 2004)

Figure 8. Further Inferences about the Influence of Financial Capital (Source: Author, 2018)

3.11.3 Spiralling up Social and Cultural Capital

There are further sources of social capital in LTC settings. When resident volunteers provide tours to the wider community around the Berryhill Retirement Village, bridging social capital can be developed. Human capital, in the form of a dedicated care team at De Hogeweyk, can also lead to bridging social capital as they create relationships with residents. Finally, in De Hogeweyk, grouping individuals by lifestyle, can lead to cultural capital being developed, and it can also lead to bonding social capital. This information is presented graphically in Figure 9.

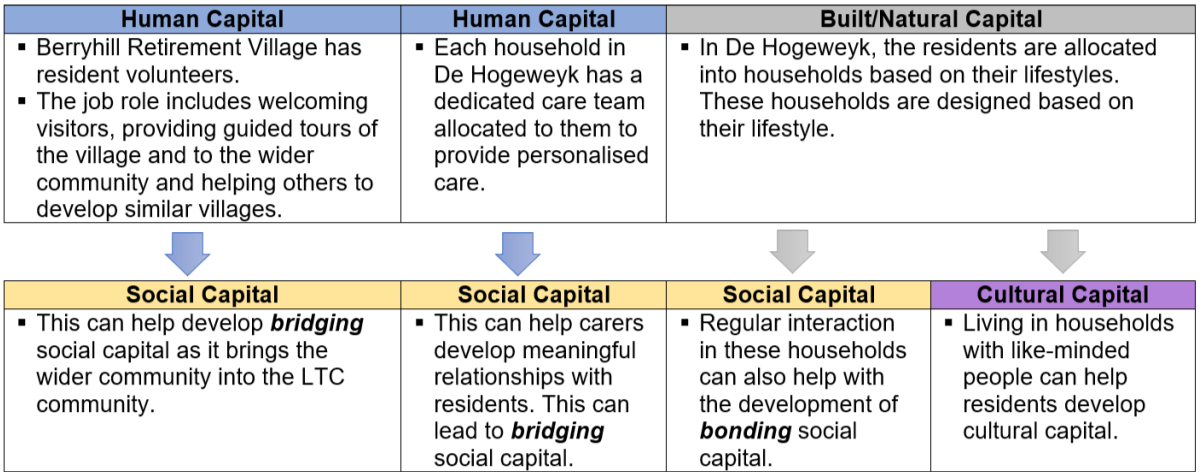


Figure 9. Inferences about the Potential Influence of Human Capital (Source: Author, 2018)

3.11.4 Spiralling up – Summary

The previous sections have explored the spiralling up process. They have demonstrated that it is possible to investigate the interactions between different capitals in an LTC setting. The first section began with an introduction to the influence of political capital on an LTC community. Political capital is the capital that can restrict, and also enable the development of the other capitals in this setting. Next, financial capital was investigated. Financial capital was also deduced to be influential within an LTC setting. This is because financial capital can help to develop human capital, built capital, and it can also help develop social capital. Without financial and political capital, built capital would not exist in an LTC setting. Both capitals are also important in the development of human capital.

The relationships that have been identified by taking a systems approach of the potential community capitals in an LTC environment are summarised in Figure 10. This systems approach will be the basis of the conceptual framework for this research.

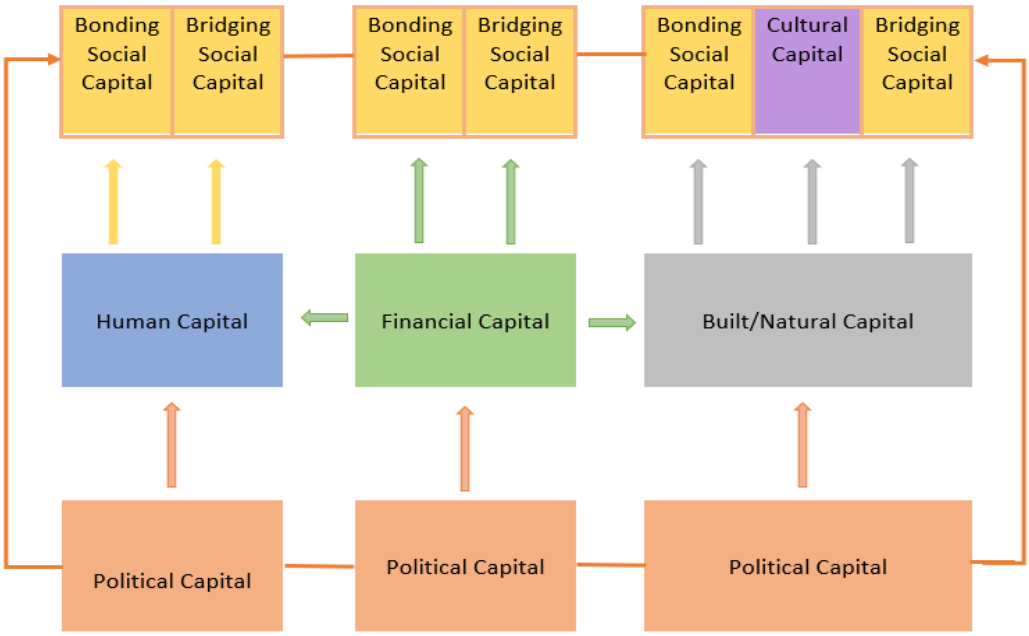


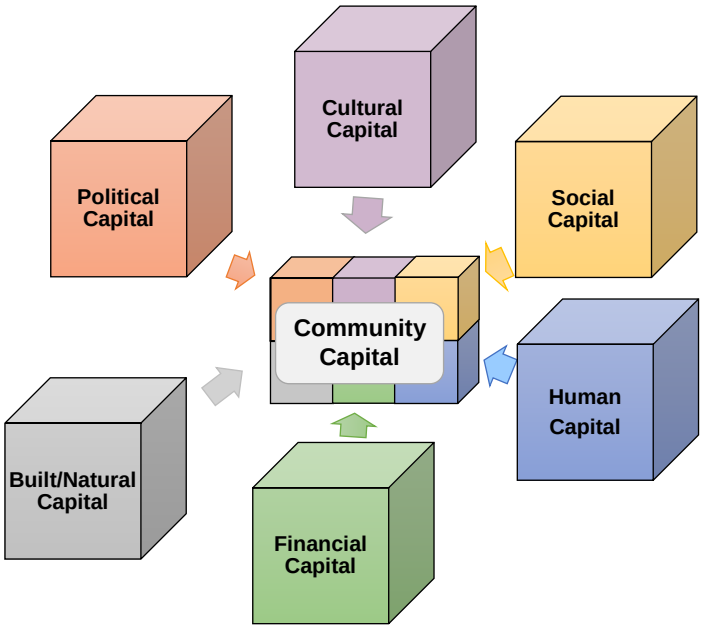
Figure 10. Assessing the Community Capitals within a UK LTC Setting (Source: Author, 2018)

3.12 The Conceptual Framework

The CCF has been used to develop the conceptual framework for this research. The conceptual framework has been created based on the idea that communities develop based on the resources that they have available to them (Green, 2016). These resources, or capitals, are the building blocks of the community. In total, there are six capitals; political, built, social, human, financial and cultural (built and natural capital are combined, as discussed in Section 3.4.1). Each capital may be present in combination with the other capitals, leading to an expression of the overall community capital for a given community. This is shown in Figure 11i. Each community has a varying combination of the seven capitals. Some communities may have a strong endowment of specific community capitals. There may also be community weaknesses that need to be developed.

The relationship between the six capitals that will be explored when looking at the LTC settings in the UK is shown in Figure 11ii. Political capital influences each capital within the LTC scheme. Without it, a scheme cannot be built. It refers to the legislation and the power dynamics between individuals in the LTC schemes. It creates a border around the capitals as it is a constraining force that can limit an LTC community. Financial capital can be used to help develop the human capital and the built/natural capital within a scheme. These capitals can then be used as facilitators to enable the growth of bonding social capital, bridging social capital, and cultural capital. Investing in financial capital can also lead to social capital. The aim of investing in these six community capitals is to help develop the LTC communities.

i) The General Concept of Community Capital



ii) Community Capital applied to Long-Term Care Settings in the UK

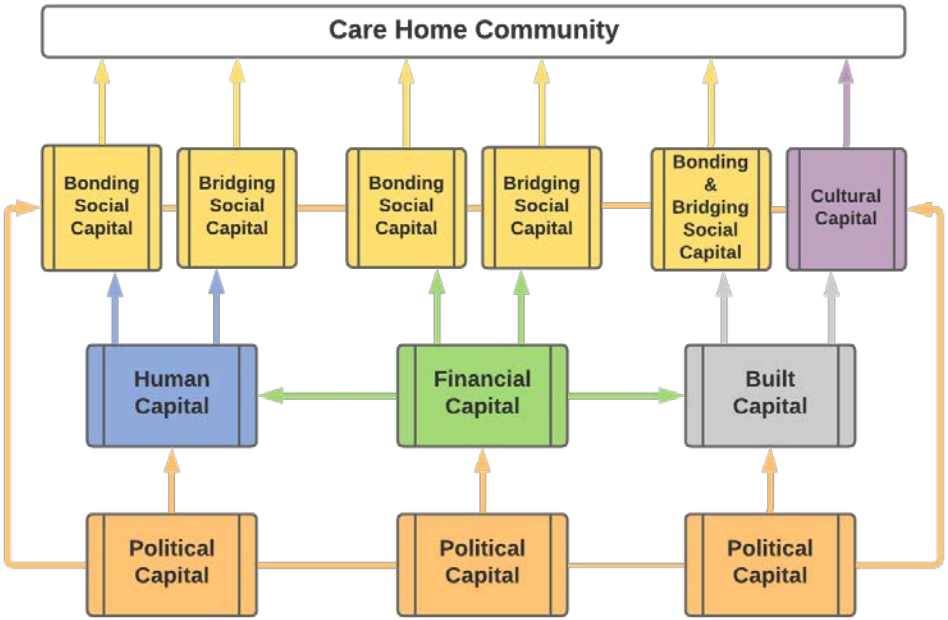


Figure 11. The Conceptual Framework (Source: Author, 2018)

3.13 Evaluation of the CCF and the Conceptual Framework

Although the CCF has never been used to investigate communities within an LTC setting, the adapted CCF presented in Figure 11 is a relevant approach for analysing the presence of communities within these settings. This is due to the interrelated and complex nature of LTC settings in the UK. LTC settings for older people have varying quantities of each capital at their disposal. These individual capitals should not be assessed in isolation. It is important to address the linkages between the capitals. Therefore, the holistic approach offered by the CCF is a good analytical tool that can be adapted and used to assess the community creation efforts within LTC settings in the UK (Blanke and Walzer, 2013).

The CCF does have limitations, however. The first issue with the CCF relates to the measurement of capital and investment. Each community is different, and there is no universal guide that can be used to suggest what should be measured and the method used for measurement (Fey et al., 2006). Although this is not ideal, it does present the opportunity to take a more flexible, customised approach to analysing the capitals within care communities for older people.

Another limitation would be the duration of the research project. If the CCF is used to look at the impact of community change, the changes may not be seen during the project's duration (Fey et al., 2006). This could potentially downplay the impact of investment on the community capitals. The goal of investing in community capitals, however, is to create positive community change (Emery et al., 2006). One could argue, however, that long-lasting positive community change that is not recorded is better than no change at all.

The final limitation with the CCF is the overlap that may exist between the capitals. This could mean that it is hard to separate the capitals and place weights on their impact (Bennett et al., 2012; Fey et al., 2006). Fey et al. (2006) suggest that gathering quantitative data informed by detailed descriptions and explanations of each capital can help overcome this issue.

3.14 Chapter Summary

This chapter has presented the development of the conceptual framework. The aim of this chapter was to discover a way to measure community creation efforts within LTC settings for older people in the UK. In order to achieve this aim, the chapter investigated two tools that have been used to assess community development – the CCF and the SLA. The CCF and the capital approach that it employed was deemed a more suitable tool to measure communities than the SLA.

Different approaches have been used to look at different aspects of LTC settings both in the UK and worldwide. Although not explicitly referenced as capitals in the original outputs, this chapter has presented various examples that display situations within LTC settings where each capital may be present. Six capitals (financial, human, built/natural, political, cultural and social), were revealed to be relevant to the LTC setting in the UK.

The next chapter presents the research methodology that has been informed by the conceptual framework developed in this chapter. This methodology was used to investigate the communities within two LTC settings in the UK.

Chapter 4 – Methodology

4.1 Introduction

The aim of this research was to investigate the development of a community ecosystem in two LTC settings for older people in the UK. Chapters 1, 2 and 3 explored the idea of community. Chapter 1 provided the rationale for creating communities; Chapter 2 explored a working definition of community. Chapter 3 presented a conceptual framework that could be used to help measure the community creation efforts within the LTC schemes.

For the data collection process, there was one main research question:

Main Research Question:

> What are the barriers and facilitators to the development of communities within LTC settings for older people?

This question was developed to address the main aim of the research – to explore the process of creating communities within LTC settings for older people. The research was split into three phases to investigate the question, with each phase having its own research question. These questions are listed below.

Phase Research Questions:

> Phase 1: What community capitals exist in care homes and extra care facilities for older people?
> Phase 2: How do the community capitals influence the formation of communities in the two settings?
> Phase 3: What sources of support do residents living in the sampled LTC settings have at their disposal?

This chapter introduces the research methodology for the study. First, the chapter presents a discussion surrounding the research approach. This section introduces the rationale for using a pragmatic, mixed-methods approach to research. Following this, the research design and the research settings are presented and discussed. The second half of this chapter explores each research phase, including the methods, the rationale for the methods and the data collection process. After this, the data analysis process is evaluated. The chapter concludes with the considerations surrounding ethics and researcher positionality.

4.2 The Research Approach

Research is a process where we can build knowledge that can be used to answer questions and solve problems (Davies and Hughes, 2014). The views that we hold about reality influence and determine what can be regarded as knowledge (Walliman, 2017). Due to this factor, research is commonly guided by a paradigm – a "worldview or a framework through which knowledge is filtered" (Leavy, 2017: 11). Leavy (2017) contends that a paradigm is a lens where research is both devised and conducted.

There are many paradigms that guide research. Each paradigm has assumptions associated with it including ideas about the nature of existence and what an individual knows (an ontology) and ideas about how we should acquire knowledge (an epistemology) (Hesse-Biber, 2014; Leavy, 2017; Oliver, 2010; Spicer, 2018). The many ideas about knowledge creation and the correct ways to do research have been subject to debate. Walliman (2017) highlights that since the 1970s, these debates have culminated into three paradigm wars between two opposing paradigms – positivism and interpretivism.

Positivism is a research paradigm that focuses on one true reality (Watkins and Gioia, 2015). Due to the ideas of dualism and objectivity, Corbetta (2003) contends that positivists believe that the researcher and the object of research are independent. He suggests that based on this factor that we should be able to conduct studies without influencing the results. Walliman (2017) adds that when using a positivist worldview, the role of the researcher is to discover universal laws. Positivism is also associated with numeric data and quantitative methods – fixed, close-ended methods that lead to precise measurements about a social phenomenon (Corbetta, 2003; Leavy, 2017; Oliver, 2010; Watkins and Gioia, 2015).

Positivism is used to study the natural world (Oliver, 2010). The paradigm wars emerged, however, due to the disagreement surrounding how the social world should be studied. Positivists argued that the social world was capable of objective measurement, and so believed that research conducted in the social world should also use the positivist paradigm (Hammond and Wellington, 2012). Due to the complexity of the social world, however, critics argued that positivism was not a suitable framework to use to devise or conduct research (Oliver; 2010). Instead, an alternative paradigm was proposed – interpretivism (Walliman, 2017).

Interpretivism is a research paradigm that believes that rather than one true reality, everyone has their own constructed reality, and the world is a creation of the mind (Corbetta, 2003; Walliman, 2017). Interpretivists believe, therefore, that people are not neutral, and the researcher and the object of study are linked (Oliver, 2010; Walliman, 2017). Interpretivists

believe that the aim of the research, should, therefore be a search for meaning and understanding – not to discover universal laws (Corbetta, 2003; Walliman, 2017). Oliver (2010) argues that this shifts the role of the researcher in the interpretivist paradigm. He states that from an interpretivist stance, the researcher should aim to uncover interpretations of the world and make sense of what is being investigated.

The clear differences between the two paradigms highlighted above led to the idea that the philosophies should not be mixed or integrated (Clark and Ivankova, 2015).

4.2.1 Pragmatism

My research aimed to identify the development process of the LTC communities, investigate different capitals, and understand the support available for the residents living in the LTC facilities. There were, therefore, aspects of the positivist approach that I could have used to gain quantitative data, highlighting the aspects of a community that were measurable (for example financial capital) (Spicer, 2018). On the other hand, qualitative data could have been used to help me understand the residents' experiences, such as information about their social capital, their links, and their bonds.

Although both positivism and interpretivism have characteristics that would have been suitable for my study, as I aimed to gain a systems view of the LTC settings, investigating the six capitals, presented in Chapter 3, alignment to either paradigm would have led to some of these capitals being overlooked. Section 4.2 also suggested that mixing philosophies is an approach that has been subject to debate. To counter these issues, I chose an alternative viewpoint, pragmatism as the foundation for my research methodology.

Pragmatism is a problem-centred approach that focuses on the intended outcomes of research (Biesta, 2010; Creswell and Creswell, 2017; Hammond and Wellington, 2012; Shannon-Baker, 2016). Rather than a philosophical position, Biesta (2010) suggests that it is a tool that can be used to address problems. Rather than focusing on one universal truth, pragmatism is an approach that has also been identified to hold no loyalty to a specific rule or theory (Leavy, 2017; Walliman, 2017).

When using a pragmatic viewpoint, research methods are chosen based on their ability to answer the research question rather than being restricted to qualitative or quantitative methods as with positivism or interpretivism (Spicer, 2018). Leavy (2017) adds that the research question is at the centre of the research, and the methodology is chosen based on what will produce the best answer for the research question. Pragmatism is, therefore, aligned with the mixed-methods approach (Creswell and Creswell, 2017; Walliman, 2017).

4.2.2 Mixed-Methods Research

There are various definitions for mixed-methods research. Biesta (2010) suggests that different things can be mixed during research, including data, methods, design, and epistemology. Jason and Glenwick (2016) suggest that you can mix paradigms, methodology and methods. My mixed-method research used more than one research method to collect, analyse and interrogate different types of data across multiple phases (Brannen, 2005; Hesse-Biber, 2014; Leavy, 2017). I aimed to combine methods that would yield textual qualitative data, that would provide depth; and numeric, quantitative data that would provide breadth (Watkins and Gioia, 2015).

4.2.3 Rationale for the Research Approach

I chose to use a pragmatic mixed-methods approach for my study as I believed that the research questions could not be answered using a single method (Silverman and Patterson, 2015; Watkins and Gioia, 2015). The approach was also chosen due to the freedom that the method offered. Using this approach allowed me to choose the appropriate research methods that could help me to investigate communities in the LTC settings (Watkins and Gioia, 2015). It was also a flexible approach, meaning that I could also alter my research, choose solutions to fit the context, and make decisions based on any opportunities or constraints (Hammond and Wellington, 2012; Leavy, 2017; Patton, 2015).

I also chose to do pragmatic mixed-methods research, combining qualitative and quantitative methods as it allowed me to mitigate the strengths and weaknesses of collecting either type of data (Watkins and Gioia, 2015). Each method has its limitations so using more than one together can be complementary, overcoming the limitations supplementing ideas about breadth (quantitative) with ideas about depth (qualitative) leading to a holistic understanding of the LTC community context (Hay, 2016; Hesse-Biber, 2014; Johnson and Onwuegbuzie, 2004; Taylor et al., 2015; Watkins and Gioia, 2015).

There were many advantages of using this approach, but there were also considerations that had to be accounted for. First, were the issues surrounding the paradigm wars and the belief that you cannot mix and integrate philosophies (Clark and Ivankova, 2015). Spicer (2018) argues that if you focus on the differences, you reinforce the incompatibilities between using the different philosophies. He argues, however, that if we recognise the variation, then the arguments for inconsistency can be weakened. This is because he believes that there can be common ground between the two approaches. Similarly, Clark and Ivankova (2015) highlight that the idea that we cannot mix based on differences in worldviews is no longer a

predominant view. Hammond and Wellington (2012) suggest that when mixing methods, we should recognise the difference and not overstate the consensus between the viewpoints.

The next issue relates to conducting a mixed-methods research study. Jason and Glenwick (2016) highlight that there is no agreed-on guidance on how to conduct a mixed-methods study. Patton (2015) adds that different methods produce different results creating a challenge when trying to create an appropriate research design. Similarly, with data analysis, Weil (2017) argues that integrating qualitative and quantitative data can be difficult. Creating a detailed research design identifying how the methods would be combined and planning the data analysis process is one way identified by Taylor and colleagues (2015), that I used to help mitigate these issues.

4.3 Research Design

The study had a multiphase mixed-method design. I built on each study based on what was learnt in the past study, addressing a set of questions to advance my objective (Watkins and Gioia, 2015). I conducted research during three phases; each phase had its own question. I used six research methods to address three research questions. Further information about the research design is presented in Figure 12.

The aim of Phase 1 was to understand the community capitals that existed in the LTC schemes. To address this aim, documentary analysis and semi-structured interviews were the two main methods employed. Documents that were obtained from the internet and from the organisations were analysed. This was a preliminary stage to understand the background of each LTC facility. Once the background of the LTC schemes was established, information was used to create interview guides for the key informant interviews. In the key informant interviews in Phase 1, alongside the identification of the community capitals, there was also the aim to gather information about the daily schedule of the schemes to help plan the observation schedules for the built environment surveys that were carried out in Phase 2.

Phase 2 focused on built environment utilisation mapping. This phase aimed to understand how the residents, staff and visitors used the two LTC schemes. I observed the communal spaces, filling out a structured utilisation guide. This guide captured quantitative data (the number of people involved in interactions) and qualitative data (information about the interactions).

The final phase of the research investigated the networks of support available to the residents in both schemes. In the extra care setting, a focus group and social network mapping interviews were conducted. To identify the sources of support available to the care

home residents, the residents took part in semi-structured interviews and a focus group exercise.

The main advantage of using a multiphase research design was that it was flexible which meant that I was able to plan further research based on the information that I had gained during the previous phases (Leavy, 2017; Watkins and Gioia, 2015). Due to the integrated nature of the methods, I was also able to learn comprehensively about the context of the LTC settings and the experiences of those who lived and worked in them (Leavy, 2017).

There were some considerations that I had to account for during my research design. First, as the research was planned across multiple phases, there were potential issues relating to the research being time-consuming (Watkins and Gioia, 2015). Pawson (2013) also suggested that having an emergent design can be hard to manage and may not always be possible to conduct.

Creating a clear plan and detailed tools allowed me to remain focused and helped me to plan my project. I also piloted each method. In Phase 1 and 2, I piloted the methods in the care home before conducting the research in the extra care setting. In Phase 3, I piloted the resident research methods in the extra care setting before the research was undertaken in the care home. This approach was adopted in order to understand any issues that could arise during the data collection process. The feedback was used to improve the data collection process by adapting the methods and ensuring that the appropriate controls were put in place to help facilitate the smooth collection of data when the methods were used next (Watkins and Gioia, 2015).

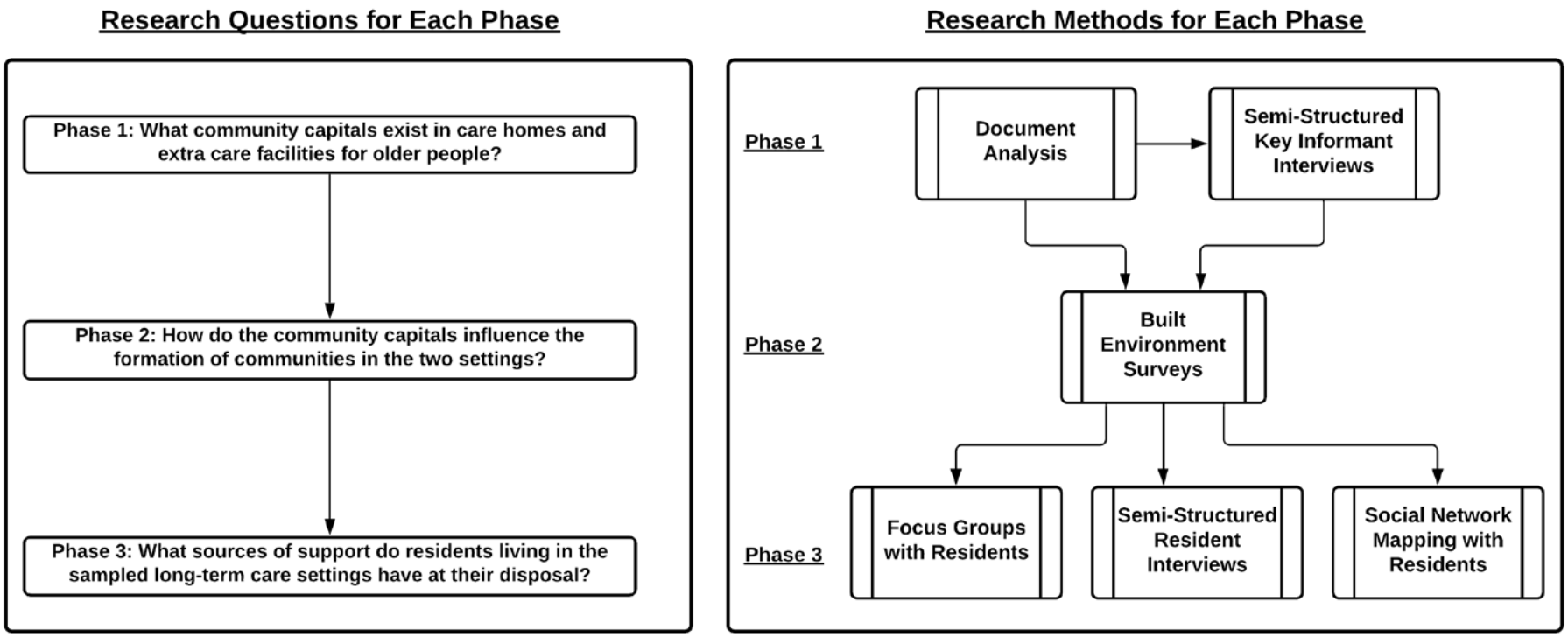


Figure 12. The Research Questions and Methods for Each Phase (Source: Author, 2020)

4.3.1 The Research Setting

There is a continuum of care options available for older people in the UK. This continuum is displayed in Figure 13. The continuum spans from community-based care (a in Figure 13), where care is provided in an individual's home for those with lower care needs; to nursing care (f in Figure 13), where care is provided in a nursing home for those with the highest care needs.

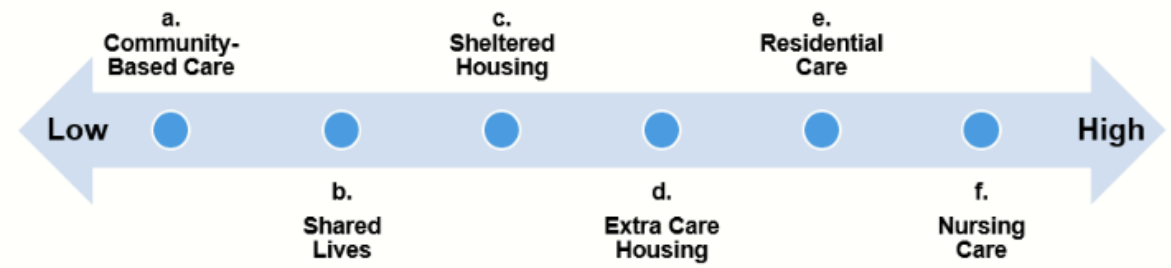


Figure 13. The Continuum of Care (Source: Author, 2018)

To investigate the development of a community ecosystem within LTC settings for older people, this research was carried out at two LTC facilities in Warwickshire in the UK. The first research site was Castle Brook residential care facility in Kenilworth. It was a scheme run by WCS Care. Tithe Lodge extra care facility in Southam was the second location, and this facility was run by Orbit Housing. My study, therefore, focused on one extra care facility (d in Figure 13) and one residential care home (e in Figure 13).

Residential care homes (e in Figure 13) and extra care schemes (d in Figure 13) feature residents with different care needs. In residential care homes, there is the provision of general care, support around the clock, room and board (BUPA, 2017). Residential care homes must also be registered to provide personal care (Kay and Smith, 2015). This is to ensure that residential care providers can support residents who may have higher care needs.

Extra care or extra sheltered housing schemes (d in Figure 13), are usually retirement villages or communities designed, especially for older people (Meenan, 2015). In these schemes, residents generally have lower care needs. This is reflected in the scheme offerings. Extra care schemes combine the benefits of independence, through private living accommodation, with the benefits of a care environment, as there are on-site carers and services for those who need them (Meenan, 2015).

The research settings were chosen as both schemes were purpose-built and created with a community focus. Within the chosen care home, Castle Brook, there was an active

promotion of community life. Due to the variety of facilities available for use by the residents (detailed further in Section 5.1) and the aim for the residents to feel as though they were still living in a community, Castle Brook was identified as an ideal location to study the creation of communities within care homes.

The Tithe Lodge development was built at the heart of an existing community (Orbit, 2016). It was a flagship scheme that was created to provide a sense of community with the existing community. Due to this factor, the extra care setting (Tithe Lodge) was identified as an ideal comparator to the care home (Castle Brook). The two schemes would enable a contrast between creating a community within the home (the care home) and creating a community with the wider community (the extra care setting).

The two schemes were also chosen due to the opportunity presented by the providers in a collaboration agreement between the providers and Coventry University. The scheme providers hoped to investigate the impact of community living on residents in both schemes. Therefore, undertaking research would allow an evaluation of the community creation process in two different LTC schemes with residents with different care dependencies (Figure 13).

4.3.2 Resident Characteristics

Table 4 highlights the resident information from the two LTC schemes. In the care home, in 2018, during Phase 2 of the research, 59 residents lived in the home. During the same period, the extra care setting had slightly more residents (87). The extra care setting also had a larger age range from 58 years old to 100 years old. This contrasted to the age range of the care home, which was from 74 years old to 105 years old. Each facility had a similar proportion of men (24% in the care home and 22% in the extra care setting). The main distinction between the two facilities were those who had dementia or memory issues. In the care home, 69% of the residents had dementia. This contrasts to only 13% of the residents in the extra care setting who had dementia. This statistic highlights the higher dependency of the care home residents than the extra care residents, as was suggested in the continuum of care diagram (Figure 13).

	Care Home	Extra Care Setting
Number of Residents	59	87
Age, Range	74 - 105	58 – 100
Men, n (%)	14 (24)	19 (22)
Dementia, n (%)	40 (69)	11 (13)
Table 4. Resident Characteristics (Source: Author, 2018) **n – number of residents**		

4.3.3 Research Participants

There was ongoing recruitment for this study. The research participants included residents, care staff, managerial staff and the care providers. The sampling method chosen for this study was purposive sampling. The research participants were chosen based on their specialist knowledge and experience (O'Leary, 2004; Silverman and Patterson, 2015; Walliman, 2015). They were chosen based on the belief that they would provide rich data and be able to provide information about the communities present in the LTC settings (Watkins and Gioia, 2015). Although having a purposive sample presented issues relating to generalisability, the goal for the involvement of the chosen participants was to help describe and not generalise (Dawson, 2002). This was because it was an exploratory study, aiming to identify how communities were created in each setting. The recruitment process for each method and the criterion for inclusion is described in more detail in the relevant sections.

4.4 Phase 1 – Contextual Research

Phase 1 was the contextual phase of the research. This phase aimed to identify the community capitals that were available in each scheme. First documents were analysed. Document analysis was an important method, as secondary data helped me to understand the background and context of the LTC facilities (Walliman, 2017). Next, using information from the document analysis, interview guides were created for the second data collection method in Phase 1, key informant semi-structured interviews. The following sections introduce these two methods and the process of data collection during Phase 1.

4.4.1 Document Analysis

In Phase 1, documents were analysed to explore which of the six community capitals were present in each LTC setting. A document is any content or object that is used to communicate or store information and meaning (Grant, 2018). More commonly, documents are things that we read, and they relate to some aspect of the social world (Henn et al., 2005). Documents can be produced in both written and non-written formats (Harrington and Wellington, 2005; Merriam and Tisdell, 2015; Walliman, 2017). Written documents include organisation records, organisation reports, inspection reports, publications, books, journals, newspaper articles, letters and publicity leaflets (Harrington and Wellington, 2005; Merriam and Tisdell, 2015; Walliman, 2017). Non-written documents can include TV programmes, films, photographs and radio shows (Harrington and Wellington, 2005; Merriam and Tisdell, 2015; Walliman, 2017). Documents can be public – produced to be official records of societies activities or private – not created for public consumption (Henn et al., 2005).

4.4.1.1 Sampling

Purposive sampling was employed to choose which documents would be analysed. To do this, I created a list of potential documents. After this, I searched the internet for the identified documents. I used Boolean operators such as AND, NOT and OR to refine and narrow down the search for these documents using the google search engine (Grant, 2018). I also looked at the organisation websites to find documents about the two LTC schemes. Purposive sampling was the best method of sampling the documents as I was unable to access every piece of data available to complete probability sampling (Grant, 2018).

This method focused mainly on publicly available written unsolicited documents - documents produced for a reason other than the research that was being undertaken (Henn et al., 2005). After enquiring, I was also provided with private documents from the care home provider. This included the staff survey results and the annual quality survey results. Table 5 provides a summary of the documents that were available and were analysed for both organisations.

Care Home Documents Analysed	Extra Care Documents Analysed
▪ Website Pages for the Care Home ▪ Your Questions Answered (FAQs) ▪ The Lifestyle Coach Job Description ▪ Staff Surveys ▪ Annual Quality Survey Results 2017 ▪ May Quality Survey Results 2018 ▪ Annual Quality Survey Results 2018 ▪ The scale of Charges from the 1st of April 2018 ▪ Documents relating to the Build Costs ▪ Annual Report 2000 – 2016 ▪ CQC Inspection Report 06/11/2017 ▪ CQC Inspection Report 13/11/2018 ▪ CQC Inspection Report 18/12/2019	▪ Website Pages for the Extra Care Setting ▪ Advertisement Brochures ▪ The Activities Coordinator Job Description ▪ Cabinet Meeting Minutes 2015 ▪ Apartments for Sale Advertisements ▪ Documents relating to the Build Costs ▪ Documents Relating to the Fees to Rent the Communal Spaces ▪ CQC Inspection Report 17/04/2018

Table 5. A Summary of the Documents Analysed for each Organisation (Source: Author, 2020)

4.4.1.2 Data Analysis Process

The documents were analysed systematically. To begin, the authorship, the purpose of the document and the content of the document were investigated (Hammond and Wellington, 2015). Documents were read through multiple times to gain an understanding; then, a system was created to code and catalogue the documents (Merriam and Tisdell, 2012). Sections of text were coded based on the capital that the text corresponded to. Some pieces of text related to multiple capitals. Next, quotes and information from the text were

organised, based on the relevant capital(s), and any comments or notes about a specific piece of text were written next to the information.

4.4.1.3 Evaluation of Document Analysis

There were many advantages to conducting a document analysis. The first was that the documents accessed were ready-made sources of data that contained information that would have been time-consuming for me to investigate and find myself (Merriam and Tisdell, 2015). I was able to see what documents had already been produced, and this provided me with a starting point for my research. The data was also accessed online. This was advantageous as it meant that I could initially access the information anywhere I had an internet connection. After downloading the information, I could then print it out or analyse it on my laptop.

Accessing documents online is a popular method used by researchers, as contemporary documents are readily available in the public realm to be downloaded for analysis (Grant, 2018; Harrington and Wellington, 2005; Walliman, 2017). The final advantage of conducting a document analysis is that it is an unobtrusive method to collect and analyse data, and the presence of the researcher does not impact on the data (Merriam and Tisdell, 2015; Walliman, 2015).

There were some disadvantages to doing a document analysis. First, although documents from the organisations were easily accessible and available online for free, there were some issues over the availability of the documents (Grant, 2018; Merriam and Tisdell, 2015). The care home had more documents available than the extra care setting. This meant that there was not directly comparable data from each setting. Another disadvantage was that the CQC documents for the extra care setting were for the care provider and not for the scheme provider. This meant that the documents focused on care standards rather than the residents' experiences of living in the scheme. A disadvantage of this was that the social activities in the extra care setting were discussed to a lesser degree than in the inspection reports for the care home.

The final disadvantage of conducting a document analysis was that some of the documents were created for a different audience. This meant that they were presented in a format that was not suitable for research and so the purpose for creation did not match my research focus (Merriam and Tisdell, 2015; Walliman, 2015; Walliman, 2017). An example of this was the CQC documents. These documents aimed to inspect the providers based on the inspection criteria. I had to read and search through the documents to see if there was any relevance to my research.

4.4.2 Semi-Structured Interviews

The next method employed in Phase 1 were semi-structured key informant interviews. An interview, defined simplistically, is a conversation between at least two people, usually between a researcher and someone who is being researched (Gillham, 2000). It is an unnatural exchange (Hammond and Wellington, 2012), with interaction "driven by question-answer sequences" (Roulston and Choi, 2018: 233). It is a process whereby responses are sought from participants about their thoughts, opinions, perspectives, feelings and descriptions about an experience in their own words (Gillham, 2000; DeMarrais, 2004; Saldana, 2011).

Merriam and Tisdell (2015) presented a continuum of interview structures. They stated that interviews range from highly structured, where the wording and order of questions are predetermined, to unstructured interviews, where there are open-ended questions, and the interview has more of an informal nature. For my research, semi-structured interviews were used. A list of questions or themes guides a semi-structured interview, and it is flexible in the wording and order (Merriam and Tisdell, 2015). It contains more and less structured questions and flexible sections that allow information to be compared and contrasted between interviewees (Dawson, 2002; Merriam and Tisdell, 2015; Walliman, 2015).

4.4.2.1 The Interview Guide

An important feature of semi-structured interviews is the interview guide. An interview guide features a list of specific questions, topics or areas to be discussed with the interviewees (Dawson, 2002; Taylor et al., 2015). As one focus of the interviews was to understand more about the capitals present in the LTC settings, two interview guides were produced based on the capitals, and each guide had a variety of themes (Appendix C and D). Information derived from the document analysis process presented in Section 4.4.1 was used as a foundation for the guides.

The first guide was the political capital interview guide (Appendix C). To understand political capital, the themes were based around the topics of resident and staff influence. The political capital theme also encapsulated aspects of human capital, with questions about leadership. The second interview guide was the built capital interview guide (Appendix D). For built capital, the line of questioning focused on the least and most popular facilities for residents, their visitors and the wider community. Financial capital questions were absorbed into the built capital interview guide, featuring questions concerned with the costs of activities.

The questions and themes were split into the two guides based on the assumptions of the conceptual framework. The conceptual framework theorised that human and financial capital do not exist in isolation, while political capital was identified as a potential foundation of a community. As the ideas of leadership (human capital), intertwined with the idea of power and staff and resident influence (political capital), it seemed appropriate to figurehead the first guide as the political capital guide.

As built capital was suggested to be a facilitating capital in the conceptual framework, there were proposed connections to financial capital, through the cost of activities that take place in the schemes and social capital (how people behave and act in the schemes). This led to the idea that the built capital interview guide could encapsulate the three capitals. Overall, based on the interconnection between the capitals, it seemed appropriate to produce two interview guides rather than one for each capital.

A further focus of the interviews was to use the information gathered to help develop a schedule for the observations for the subsequent behavioural observation mapping exercises. To do this, structured questions that would provide basic information such as the timing of activities and the daily schedule of breakfast, lunch and dinner, were included in the LTC scheme schedule theme in the built environment interview guide.

4.4.2.2 Sampling

Key informants were identified as prospective participants for the semi-structured interviews. A key informant is a person who has specialist knowledge or experience about the focus of the study (DeMarris, 2004; Hanington and Martin, 2012). Document analysis introduced in Section 4.4.1 was used to help identify the potential key informants that could provide information about the sites, the design and the communities present in the LTC settings. This analysis identified potential participants including managers – those who deal with the day-to-day running of the site, care staff – those who look after the residents and activity coordinators – those paid to provide social activities for the residents. The key informant list was given to the gatekeeper at each site, and they provided participants for the study and arranged a date and time for the interviews to be conducted.

4.4.2.3 Rationale for the Method

Key informant semi-structured interviews were chosen as a method of research as they can be used to help understand how people interpret the world around them (Merriam and Tisdell, 2015). Therefore, they would be a useful method to help to understand how those who created and those who work within these communities interpret the use by the residents. Semi-structured interviews were also chosen due to their flexibility (Dawson,

2002; Walliman, 2015). The format allows participants to voice their opinions while also allowing specific information to be obtained.

4.4.2.4 Data Collection

In total, 12 face-to-face interviews were conducted with key informants.

At the care home, on August 23rd, 2018, 7 interviews were conducted with:

- The Care Coordinator
- The Receptionist
- The Lifestyle Coach
- 2 Permanent Care Staff
- An Agency Carer
- The Director of Innovation

At the extra care setting, on November 20th, 2018, 5 interviews were conducted with:

- The Manager
- The Handyman
- The Activity Coordinator
- A Permanent Carer
- A Memory Support Worker/ Ex-Carer

Before each interview, each participant was provided with a participant information sheet that described the study's aims, information about anonymity and how to withdraw from the study. The participants also signed a consent form, providing their consent to be in the study and to be audio recorded. Each interview was audio recorded as it allowed the words to be preserved and it enabled me to focus on the interview rather than trying to write down the participants' responses word for word (Merriam and Tisdell, 2015; Wellington and Szczerbinski, 2007).

The interviews began with initial questions to gather background information about the participants, including their job role and the length of time that they had been with the organisations. Questions were then asked from the political capital, the built capital or both interview guides. Table 6 was used to identify what themes and questions each participant would be asked. Further information about the specific questions asked to each key informant is detailed at the end of Appendix C.

		Participant			
	Theme	Activity Coordinator	Care Staff	Receptionist	Managerial Staff
Built Environment Guide	Building the Facilities				✓
	Care Home Schedule	✓	✓	✓	✓
	Communal Areas	✓	✓		✓
	Duration of Use	✓	✓		✓
	Staff		✓		✓
	Family and Friends		✓	✓	✓
	Wider Community		✓	✓	✓
Political Capital Guide	Resident Influence				✓
	The Resident Committee	✓			✓
	Committee Meetings	✓			✓
	Purpose of the Resident Committee	✓			✓
	Staff Influence		✓		✓
	The Wider Community				✓
	Care Quality Commission				✓

Table 6. Interview Schedule based on Interview Themes and Participants (Source: Author, 2018)

During the interviews, I wrote down notes about the important points mentioned by the participants, especially those that would not be introduced during the planned questions, to come back to these key lines of inquiry. I then made sure that I had asked about these points before I concluded my interviews. The interviews ranged in time from 6 minutes to 44 minutes at the care home, with an average interview time of 15 minutes. At the extra care setting, interviews ranged from 8 minutes to 21 minutes, with an average time of 13 minutes. After the interviews, I provided the participants with debriefing sheets that contained contact information and their participant number, so that they could contact me if they had any issues with the study or if they had changed their mind about participating.

4.4.2.5 Post-Data Collection

I kept a reflective journal throughout my research. After the interviews at each organisation, I wrote down my feelings and any key routes and thoughts that I could potentially pursue. I also noted down and highlighted thoughts about the concept of community that had arisen from the interviews. Once I had completed the interviews, I made sure that they were transcribed as soon as possible. The transcription process, although time-consuming, was very helpful as it allowed me to increase my familiarity with the data (Merriam and Tisdell, 2015).

Preliminary analysis of the interviews was done to help plan the behavioural observations conducted in Phase 2. The information obtained from the key informants about the locations and suggested observation times were used to help build the schedule for the observations at each LTC scheme. The interviews were also used to help identify themes during the main stage of analysis, whereby information from all three phases was cross-checked, compared and contrasted. Section 4.7 presents further information about the data analysis process.

4.4.2.6 Evaluation of Semi-Structured Interviews

Conducting semi-structured interviews had many advantages. The first was that they provided information on the context of each scheme, and they enabled me to find out more about the operations and the running of the schemes (Marshall and Rossman, 2015). This was important for me as, during the document analysis stage (Section 4.4.1), I only acquired secondary data from official documents, brochures and booklets. Therefore, the interviews provided me with perspectives and opinions from those who had daily knowledge and experiences within the LTC settings.

The next advantage was through the adoption of a semi-structured approach and using an interview guide; I was able to increase the comprehensiveness of the data that I collected, which made data collection much more systematic for each interviewee (Hughes, 2016). This was because asking similar questions to those in similar roles enabled me to see the similarities and differences both within sites and across the two settings. The guide was also advantageous as it created a checklist to make sure that I had asked the questions I intended to ask (Taylor et al., 2015). Another advantage of the approach is that there was a mixture of structured and flexible questions. The structured questions that I had asked about the daily schedule of the schemes, including times and locations, enabled me to create the observation schedule with ease.

The final advantage of using semi-structured key informant interviews was the flexibility of the approach. One benefit of this was that the interview guide could be revised as more individuals were interviewed (Taylor et al., 2015). As the care home was the pilot for the interviews, I gained much information, and participants mentioned topics that I had not considered. I used this information to help generate questions that I could then ask to those from similar roles at the extra care setting. For the activity coordinator in the extra care setting, for example, I created additional questions based on the lines of reasoning established at the care home.

The main disadvantage of conducting semi-structured interviews was that the participants were chosen for me. This could have introduced bias in the responses that I received as the

organisations could have chosen people they believed would provide me with the information they thought that I should hear rather than the truth (Wellington and Szczerbinski 2007). This was true of some of the care home participants as the daily schedule that I had created based on their information for my utilisation surveys, was far too long. I could have had a reduced observation schedule that would have still captured the residents' active times. This reflects one disadvantage of interviews: they are too reliant on the research participants' openness and honesty (Marshall and Rossman, 2015).

Another disadvantage was that the interviews were conducted during the normal workday at each organisation. This meant that the participants were interviewed when they had time free throughout the day. Time-restricted carers, however, sometimes gave simple answers that they did not want to expand on and this led to some interviews being quite short. There was the feeling that I had taken them from the tasks that they should be completing. To mitigate these issues, I could have had more clear lines of communication with the schemes and worked with the scheme managers to identify the best time to take staff away from their shifts to be interviewed (Luff et al., 2011). I could have also highlighted the flexibility that I had with my time, for example, suggesting interviews later in the day when the staff were less busy.

I also did not get to interview everyone whom I wanted to. It would have been good to interview the architect to understand their design ideas, but this was not an option available to me. The final disadvantage relates to the interview guide used during the semi-structured interviews. Although it had a wide reach, I believe that there could have been themes that were missed out on (Hughes, 2016). This meant that there were areas and important topics that could have been missed. Asking people different questions from the interview guide also had an impact during the analysis. I had reduced sources for information as not everyone answered the same questions (Gillham, 2000). Semi-structured interviews are considered more manageable than unstructured interviews, however, and the interview guides enabled me to analyse the data they produce thematically (Hammond and Wellington, 2015; Wellington and Szczerbinski, 2007).

4.5 Phase 2 – Observation Research

Built environment utilisation surveys were the main method employed in Phase 2. They were used to investigate the use of the built capital in the LTC settings. The utilisation survey comprised of non-participant observations and place-centred behavioural mapping. Information about these methods is discussed in the sections below.

4.5.1 Built Environment Surveys

To survey the built environment, systematic non-participant observations were conducted alongside behavioural mapping. Observations are a method used to gather data about everyday life, and they take place in the settings where the phenomena of interest are expected to occur (Merriam and Tisdell, 2015; Wasterfors, 2018). Place-centred behavioural mapping focuses on locations and how they are used (Ng, 2016).

I planned to carry out non-participant observations in the communal areas of each LTC scheme, over different times of the day, and different days of the week to understand the weekly schedule in the LTC schemes. Observations and behaviours would be simultaneously observed and recorded systematically (Merriam and Tisdell, 2015; Moore and Cosco, 2010; Ng, 2016). I decided what I would observe, how I would observe it and when I would conduct the observations (Saldana, 2011). The focus of this exercise was to understand the interactions that took place in the LTC schemes in the communal areas. This process was guided by the four main elements of behavioural mapping, as listed by Ng (2016).

First, I created base maps of locations, creating a drawing of where the behaviour was expected to occur (Ng, 2016). For my study, floor plans for the communal spaces were created before doing the observations. For the care home, floorplans were created for the café area and the individual households. For the extra care setting, floorplans were created for the communal lounge and the café. I did a rough sketch of the area and then transformed my sketch into a digital copy on the computer (Appendix E). These plans featured a birds-eye view of the room, its basic layout and any features that could impact on behaviour and interactions, such as windows (Hanington and Martin, 2012; Saldana, 2011). I only created floorplans for the areas of study (Moore and Cosco, 2010).

Next, I developed a system of coding and counting (Ng, 2016). This was facilitated by the development of a utilisation user guide (Appendix F). This user guide featured five sections:

1. People Count
2. Interaction Identification
3. Behavioural Mapping
4. Physical Conditions
5. General Observations

Box 1 presents information about the role of each section in the utilisation user guide.

Box 1. Utilisation User Guide Information for Each Section

1. People Count

In this section, during the observations, I would have to count the individuals present in the communal space, and identify any observable characteristics including; their gender, the role (including - resident, care staff, family/friend) and whether they were sitting or standing (Hannington and Martin, 2012).

2. Behaviour Identification

This section involved taking shorthand abbreviations and identifying what the individuals from the people count were doing. Potential behaviours were pre-coded for ease of use (Hannington and Martin, 2012). Potential behaviours included being alone – not interacting with anyone, caring – looking after someone, social – talking or discussing non-care topics, work – talking about work topics; transaction – buying something or other, where the interaction would not be classified into any of the other categories.

3. Behavioural Mapping

During this section, I would be required to map the interactions and individuals from the behavioural count and identify their specific location on a floor plan that I had created.

4. Physical Conditions

The weather, light conditions and the temperature were recorded in this section.

5. General Observations

In this section, the time spent doing the interactions was recorded. I also noted down descriptive notes and interesting stories to apply context to interactions.

The third requirement of behavioural mapping, as identified by Ng (2016), was to develop an observation schedule. The schedule can be based on events, the time or occur at random intervals (Ng, 2016). The information from the key informant interviews (Section 4.4.2) was used to create the observation schedule (Klein et al., 2018). From 8 am to 6 pm Monday to Sunday, observations were scheduled to take place in the care home. From 12 pm to 3 pm, Monday to Friday, observations were scheduled to take place in the extra care setting. These observational hours are shown in Table 7.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
The Care Home Observation Hours	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm
The Extra Care Setting Observation Hours	12pm - 3pm	12pm - 3pm	12pm - 3pm	12pm - 3pm	12pm - 3pm	n/a	n/a

Table 7. The Observational Schedule for the Care Home and the Extra Care Setting (Source: Author, 2018)

The final step of the behavioural mapping process, as identified by Ng (2016), was to create an observational procedure. The initial procedure stated that continuous observations would occur during a 20-minute time frame, and the utilisation survey would be filled in. Twenty minutes was chosen because Moore and Cosco (2010), argued that each round should be greater than 10 minutes to help prevent the potential of double-counting the same interactions.

4.5.1.1 Rationale for the Method

Utilisation surveys were chosen as an appropriate method because I was interested in actual behaviour and not reported behaviour (Hammond and Wellington, 2012). The interviews highlighted reported behaviour, so this method provided an opportunity to triangulate and verify the information revealed in the interviews (Merriam and Tisdell, 2015). This method was also chosen because it would produce rich quantitative and qualitative data (Ng, 2016; Walliman, 2017). The textual information (qualitative data) would add richness and context to the numbers (quantitative data). The final reason why this method was chosen was that it allowed different sites and different conditions to be compared and contrasted (Ng, 2016).

4.5.2 Data Collection in the Care Home

During the first week of October in 2018, utilisation surveys were conducted in the care home. From Monday, October 1st to Sunday, October 7th, observations were taken during a 20-minute time interval from 8 am to 6 pm in the communal spaces. An observation schedule was created before the week, based on the information from the key informant interviews. Observations were taken in the six households, and the café area – which consisted of the café, laundrette, hairdressers, grocery store, cinema, table tennis area, main desk and there were also various seating options.

In total, 70 hours of observations took place in the care home. During this week, the communal areas were being renovated through painting, decorating and updating the look of the communal areas. Some of the communal spaces were off-limits to the residents due to this, such as the cinema.

Day 1 piloted the proposed schedule presented in Appendix G. The first observations occurred in the café area from 8.00 am to 8.40 am. Next, the households were observed for breakfast between 8.40 am, and 9.40 am. The households were also observed for lunch from 12.20 pm to 1.20 pm and for dinner from 5.00 pm to 6.00 pm. During each mealtime session, during each 20-minute time interval, two households were visited in succession.

Each household was numbered from 1 to 6. On day one, the aim was to visit households in the same order for breakfast, lunch, and dinner (e.g. household 1 then 2, 3, 4, 5 and 6). Throughout other times during the day observations either occurred in the households or the café area.

In the café, continuous observations occurred during the 20-minute time interval. This process involved writing down the start and end times of interactions, details about who was involved in the interaction (role and gender) and the type of behaviour that occurred; alone, social, caring or no interaction; on the utilisation form. On the floor plans, this information was conveyed in shorthand to enable the location of the interaction to be understood.

Due to the households being very private spaces, day one led to an adaptation of the method used in the households to help reduce the levels of intrusion. In each household, rather than continuous observation, a snapshot of activity was observed and recorded. This process involved writing down the time of interaction, details about who was involved in the interaction (role and gender) and the type of behaviour that occurred; alone, social, caring or no interaction; on the utilisation form (Appendix F). This information was also recorded on the floor plans. Once the activity was recorded in each household, I left the households to allow the residents to continue their day with minimal obstruction.

Based on the observations from day 1, there were two changes to the process implemented for the rest of the week. The first was a change to the observation process when observing the households, snapshots of activity would be observed rather than a continual 20-minute observation. The second was a change to the evening schedule. During the key informant interviews, I was advised that dinner was eaten from 5 pm, so I planned the schedule accordingly. When doing my observations at 5 pm, I noticed that the households were very quiet, and most of the residents were in their rooms. This led me to change the process as only snapshot observations were occurring, so each household was visited in sequence after 5 pm throughout the week, rather than waiting for the specific time allocations, one after the other until all households were visited. The process of observation throughout the week for the café area remained as initially planned.

To capture a full picture of the breakfast, lunch and dinner service in each household, each household (1 to 6) was visited in the same order for breakfast, lunch and dinner (e.g. household 1 then 2, 3, 4, 5 and 6). Each day, the order would rotate, so on day one household 1 was visited first, then day two household 2 visited first, followed by 3, 4, 5, 6 and household 1 was visited last. For day 3, the sequence was 3, 4, 5, 6, 1 then 2. This process was completed, and the rotation occurred throughout the week so that there were

observations gathered at each potential period during the breakfast, lunch and dinner service for each household.

I also had a copy of the activity timetable, and I planned to observe the social activities that occurred throughout the week in the home. Unfortunately, the activities did not always occur as planned as there were no participants or organisers. Rather than observing an activity, I observed a household or the café area at the planned activity observation times each day.

4.5.2.1 Adaptions

The built environment observations in the care home were conducted as a pilot for the observations in the extra care setting. They provided me with an opportunity to gain experience in conducting behavioural mapping exercises. Before doing the exercise again in the extra care setting, several adaptations were made.

Firstly, based on the method from doing the built environment surveys in the care home, a new form to input the observations was developed (Appendix H). This form featured a space for the start and end times of the observation as this used up too much space on the old observation form.

Due to the lack of adherence to the activity schedule in the care home, I chose not to specifically write down any activity that was on the activity timetable as an observable event. It impacted on what I observed and when I observed events, so I decided to create a schedule based around locations rather than activities.

The final adaptation was related to my experience from observing different locations around the care home. The two locations chosen for the observations in the extra care setting were a considerable distance apart. This meant that I had to factor in time to travel between locations for my observations, reducing the time that I was able to observe.

4.5.3 Data Collection in the Extra Care Setting

From Monday, December 10th, 2018 to Friday, December 14th, 2018, from 12 pm to 3 pm, continuous observations were taken in the communal spaces in the extra care setting, during 15-minute time intervals. The schedule, timings and locations were created based on information from the key informant interviews (Appendix I). The two locations that were observed were the café and the communal lounge/foyer. During the week, the café and the communal lounge were observed in sequence, so if one observation occurred in the communal lounge, the next would be taken in the café. It took approximately 5 minutes to

walk between each location, so 15 minutes was spent observing, marking the start and end times, who was interacting, the location and the type of interaction on the new behavioural mapping sheet and the floor plan.

In total, 15 hours of observations took place in the extra care setting. During this week, many Christmas celebrations occurred. There were many activities such as carol singing, a Christmas party and musical entertainment.

4.5.3.1 Post-Data Collection

A reflexive journal was kept, and I recorded my feelings during the quiet points in the day and after the day had ended at both schemes. This was referred to during the data analysis to provide context to the information that was being analysed.

Observations from both facilities were compiled into a large database in excel. This was then used to help conduct analysis in SPSS 26. This analysis produced demographic data, such as gender and the role of individuals. It also produced descriptive statistics, including the interaction breakdown, including the differences between the time of day, week and type of interaction. Further information about the data analysis process involving the utilisation data is listed in Section 4.7.5.

4.5.4 Evaluation of the Built Environment Utilisation Surveys

The main advantage of conducting utilisation surveys was that they allowed me to see daily life in the two settings. I could see the changes throughout the day, and I could corroborate the information I gained during the interviews. Being an outsider also had its advantages. It meant that I could see things routine to my interviewees (Merriam and Tisdell, 2015). This meant that I could triangulate the information with the document analysis results and the interview data obtained in Phase 1 (Merriam and Tisdell, 2015).

Conducting place-based behavioural mapping also meant that those whom I observed were unidentifiable. Individuals remained anonymous, and I ensured that individual residents could not be identified due to my analysis. This process helped to reduce the potential ethical issues that could arise (Ng, 16).

Conducting utilisation surveys at the two LTC facilities was not without its disadvantages, however. The first was that it was a very time-consuming process that required hours of observations (Klein et al., 2018). It was also a very intrusive method. I had to stand around and observe everyone and everything in the communal areas.

When conducting behavioural mapping, you should also aim to exclude seasonal effects and special events (Hanington and Martin, 2012). It was not a typical week in either facility, however. It was a Christmas celebration week in the extra care setting, and in the care home, it was a week where renovation occurred. This meant that my results would not display information about a typical week in each scheme. However, it was impossible to schedule the observations at any other time as the LTC schemes were limited as to when they were available for research. During the key informant interviews, I was also informed that there was no such thing as a typical week in each scheme, either.

Another disadvantage was that different methods were employed in each facility to fit in with the site and location. I could not observe the extra care setting at the weekend as there were no scheme staff on duty. At the care home, I had a longer length of interaction and over four times the number of interaction hours. This highlights the potential flexibility of the method. However, it also reduced the ability to compare the two sites and the quantity of data that I had to use to make the comparisons.

I also introduced random and non-random fluctuations in behaviour (Hanington and Martin, 2012). The residents would interact with me, but I did not note this down, so my presence meant that the residents changed their usual behaviour. At both schemes, the residents were also uncertain about my role. I did provide a profile to the providers, but this may not have been disseminated to the residents. This led to a level of resistance by the residents. It also led them to be suspicious of me, suspicions that were heightened because I carried around a clipboard to fill in the surveys. There has been the suggestion of completing the survey on technological devices (Ng, 2016), but due to my limited resources and the number of files required, it was not feasible.

A further disadvantage of my research was that I created the user utilisation guide and the observation schedule without any input from the residents. Involving user groups during the early stages of research projects to assess the appropriateness of prospective methods and evaluation tools is an approach that has been used in different settings (Kelly et al., 2016; Newman, 2010; Villa et al., 2017). In my study, the residents could have helped me to design the observation schedule and this may have offered an improvement to the observational hours than those that were suggested by the key informants as explained in Section 4.4.2.6. The residents could have also helped me to evaluate the categories that I created, suggesting any improvements and potential categories that I had not considered. This could have, for example, led to different classifications for expected behaviours than what I have presented in Section 2 of my user interaction guide (Appendix F). Involving residents could have refined the process of data collection and offered a more focused

method of observation. Unfortunately due to many factors including; the differing frailty levels of the residents living in the two schemes, access issues to the schemes and the limited time frame that I had to complete the three planned phases of research, this exercise was deemed beyond the scope of my PhD project.

The final two disadvantages of the method were the number of researchers conducting the surveys and the quality of the maps. First, I was the only researcher who conducted the surveys. It is common for there to be a pair of testers to carry out the surveys to check for the reliability of the coding (Moore and Cosco, 2010). As this was for a PhD project, and there were no funds available to hire an additional researcher, it was not feasible to do this.

Next, in some instances, the behavioural mapping should be done on scale maps (Hanington and Martin, 2012). As I was not provided with any scale maps from the organisation, I had to create my own (Appendix E). I did not have the time or the resources to measure each aspect of the communal spaces to ensure that they were drawn accurately. I believe that the drawings, however, do reflect and provide a representation of the features present in the communal spaces in each scheme. I did not intend to present the completed maps, either, so they formed a point of reference rather than a data presentation tool.

4.6 Phase 3 – Resident Research

In the two LTC settings, research was conducted with residents to investigate their lives in the schemes, their sources of support and their interpretations of the word community. To achieve these aims, two main methods of data collection were planned – focus groups and social network mapping. The following sections discuss the data collection process with the residents in both schemes.

4.6.1 Focus Groups

Focus groups are small group discussions that should contain between four and twelve participants (Flick, 2014; Tonkiss, 2018). When conducting a focus group, the discussion should be interactive and guided by a topic list that features chosen topics or issues (Henninck, 2014). During a focus group, a facilitator introduces the topics for discussion. The facilitator then plays the role of moderating the interaction and discussion that follows, ensuring that there is a space for group members to voice their opinions. Through moderation, mediation and facilitation, the researcher aims to guide the discussion trying to focus on the key themes from the topic list (Taylor et al., 2015; Tonkiss, 2018).

Flick (2014) argues that the facilitator's role is to create a balance in the focus group discussion, both steering the group and moderating the group. Taylor et al. (2015) also suggest that shy people will be encouraged to participate if a balance can be met, and dominant or inappropriate voices will be managed. Suppose a balance can be achieved in a focus group, and all of the participants are given an opportunity to contribute. In that case, Tonkiss (2018) believes that the focus group can achieve its aim – to reveal a range of perspectives on given topics and not for the participants to reach a consensus.

To prepare for my focus groups in the two settings, I created a focus group guide (Appendix J). The focus group guide featured a list of specific topics that I would discuss during the focus group with the participants. The focus group aimed to understand the residents' perspectives on community, their social lives and the support they had available to them. Therefore, the guide featured three topics – community, social life and family, friends, and the wider community. For the community topic, questions first focused on the meaning of community to the residents. Next, the community topic questions focused on communities in the care schemes, asking residents to identify any communities they know of and the importance of spaces to these community groups.

The social life topic aimed to understand how the residents' social lives had changed since moving into the LTC schemes. This topic explored planned activities, unplanned activities and connectedness between the residents living in the schemes. The final theme; family, staff and the wider community; aimed to understand the connection that residents had to these groups of people. It discussed the residents' views on the importance of these groups, and it explored the external community connections that the residents had.

4.6.1.1 Rationale for Conducting Focus Groups

Focus groups were chosen due to their interactive nature. They allow participants to express their opinions, and they create a forum for residents to interact and offer their perspectives. This presents an opportunity for unanticipated ideas to arise. It also provides the chance for the similarities and differences between the residents' ideas in the two schemes to be revealed (Bennett 2002).

This was important as I aimed to find out about community life and the communities present in the two schemes. Providing residents with an opportunity to offer their interpretations allowed me to see the different experiences the residents may have had while living in the schemes.

4.6.2 Social Network Mapping

Social network mapping was the next method that I planned to use with residents in the two LTC schemes. Social network mapping is a set of methods that can be used to analyse "the social relationships between people, groups and organisations" (Blanchet and James, 2012: 439). I planned the social network mapping exercise so that it could be conducted in three short stages.

The first stage involved a researcher-administrated questionnaire which aimed to understand the community links that the residents had. It featured questions about the participants' social networks adapted from the Social Networks and Support section from a questionnaire created by Bradshaw et al. (1998) about poverty and social exclusion. These questions would enable the participants to identify the important people in their lives and the level of regular contact they have with them. This was a structured exercise that is shown in Part 1 in Appendix K.

The second part of the social network mapping exercise was based on the methods described by Antonuccini in 1986 and adapted by Price in 2011. They created a mapping procedure that allows participants to assess their social support and social networks. During this stage of the social network mapping exercise, participants use a diagram to map out their close friends and family. They then write the initials of the appropriate people in three different circles based on the criteria for each circle (circle 1: close friends, circle 2: good friends and circle 3: acquaintances). Next, arrows are drawn between the identified people in order to display the direction of support.

The third stage of the social network mapping exercise involved hypothetical questions (also adapted from Bradshaw et al. (1998). Residents would be asked scenario-based questions. They would identify the individual they would go to for support in the given scenario – for example, whom the participant would call upon if they needed help to run errands. This three-stage exercise was planned to help to understand the levels of support available to each participant.

4.6.2.1 Rationale for Conducting Social Network Mapping

Social network mapping was identified as an appropriate method as it would allow the residents to have a structured approach to remembering and identifying the support networks that they had at their disposal. It is also a method that has been identified as producing a rich source of information (Price, 2011).

I aimed to conduct social network mapping after the focus groups, using the same participants from the focus group to do the social network mapping exercise. I aimed to take this approach as it would have allowed me to continue and expand on the discussions that I had with the residents in the focus groups. I also chose this approach as social network mapping is a slightly intrusive method. As I had to find out personal details about the residents, I believed that using participants that I had already recruited from the focus group would have allowed me to gain a rapport with the participants, which could have led to them feeling more comfortable in answering the questions. Zakaria and Musta'amal (2014) suggest that this approach would have allowed me to gain better data and offer a level of respect between myself and the participants.

4.6.3 Resident Research in the Extra Care Setting

I advertised my research in the extra care setting using posters. This is an approach that has been recommended by Weil (2017), and the extra care management team also suggested it. The poster was placed in the communal spaces of the scheme by the management, and the management also advertised the research to the residents during a Residents' Association meeting.

I aimed to achieve a purposive sample of between four and eight participants. I specified an inclusion criteria. First, the participants had to be residents of the extra care setting. Next, the participants could be any age and gender, but they must have been able to provide fully informed consent. Due to the potential ethical issues surrounding informed consent, the main exclusion criteria for participation was that the residents could not be diagnosed with dementia or any cognitive decline (Warner and Normani, 2008).

After the focus group concluded, I asked the participants if they would be interested in taking part in the social network mapping interviews. All of the residents who took part in the focus group exercise participated in the social network mapping interviews. An additional resident interested in the focus group but could not attend the focus group also completed the social network mapping exercise.

4.6.3.1 Data Collection in the Extra Care Setting – Focus Group

I organised the focus group on a day and time when residents had no other activities on. This was so that I could aim to keep disruption to the residents day as minimal as possible (Weil, 2017). On May 30th, 2019, I conducted a focus group with residents in the extra care setting. There were two male and two female participants.

Before the focus group, residents completed consent forms and demographic information sheets. They also provided their consent to be audio recorded. Following this, I began the focus group with a statement on confidentiality. This statement is displayed in Appendix J.

We then had a group discussion focusing on three topics, community, the residents' social lives and the residents family and friends. During the discussion, I took a guiding role, ensuring that those who wanted to speak were given an opportunity to do so. I also took notes, introducing ideas presented by the residents, which I believed required further discussion. The focus group lasted 50 minutes.

After the focus group had finished, I provided the residents with information sheets that featured their participant number. I also provided them with support sheets that featured contact details for organisations where they could go to for support due to the topics discussed.

4.6.3.2 Data Collection in the Extra Care Setting – Social Network Mapping

One week later, on June 6th, 2019, I conducted social network mapping interviews with the same residents in the extra care setting. An additional male resident expressed interest in participating, so I also conducted the exercise with him. In total, three male and two female residents took part in the social network mapping exercise. Table 8 features the demographic information for the residents who took part in the resident research in the extra care setting.

Before the exercise, the residents completed consent forms and agreed to be audio recorded. During the exercise, we completed the three stages of mapping, which were presented in Section 4.6.2. I asked the residents about their support networks (stage 1), we then completed a physical mapping exercise (stage 2), and we finished with hypothetical scenarios (stage 3). At the end of the exercise, residents were given an opportunity to add any additional information and ask me any questions that they may have had. I also gave the residents a support sheet and a contact sheet, so they could access support or contact me if they had any questions. The social network mapping exercises lasted between 24 and 34 minutes. The average exercise time was 27 minutes.

Further information about the participation of the extra care residents in Phase 3 of my research is presented in Appendix M.

	The Extra Care Setting		The Care Home	
	Focus Group, n (%)	Social Network Mapping, n (%)	Focus Group, n (%)	Interviews, n (%)
Gender				
Male	2 (50)	3 (60)	0 (0)	1 (14)
Female	2 (50)	2 (40)	4 (100)	6 (86)
Age Range				
55-64	1 (25)	2 (40)	0 (0)	0 (0)
65-74	0 (0)	0 (0)	0 (0)	0 (0)
75+	3 (75)	3 (60)	4 (100)	7 (100)
Education				
Primary	0 (0)	1 (20)	1 (25)	3 (43)
GCSE's	4 (100)	4 (80)	3 (75)	4 (57)
Time in the Scheme (months)				
0-3	0 (0)	0 (0)	0 (0)	1 (14)
3-6	0 (0)	0 (0)	1 (25)	1 (14)
6-9	1 (25)	1 (20)	2 (50)	3 (43)
9-12	0 (0)	0 (0)	0 (0)	1 (14)
12-15	1 (25)	1 (20)	0 (0)	1 (14)
15+	2 (50)	3 (60)	1 (25)	0 (0)

Table 8. Demographic Information for the Phase 3 Resident Research (Source: Author, 2020) n - number of residents

4.6.3.3 Post-Data Collection

After each data collection method was completed at the extra care setting, I reflected on my experience in a journal. I also transcribed the focus group data as soon as feasibly possible. For the social network mapping exercise, I had to transcribe the data and create an excel spreadsheet for the questionnaire responses (stage 1). I also had to transform the residents' social networks (stage 2) into a digital format.

I used Gephi 0.9.2 to create social network maps. Using Gephi, I created nodes for each person mentioned within the resident's social network. I also used the edges function to create arrows which indicated the direction of support. Section 4.7 contains further information about the data analysis process.

4.6.4 Resident Research in the Care Home

In the care home, I planned to conduct focus groups and social network mapping with the residents. I had a meeting with a manager from the home. She suggested that I should do interviews with the residents from the home rather than multiple focus groups. She also suggested that I did research across two days, with day one focusing on interviews and day two social network mapping. To accommodate this request, I transformed the focus group guide (Appendix J) into an interview guide.

During this meeting with the manager, I also provided her with the inclusion and exclusion criteria, presented in Section 4.6.3. The manager identified suitable residents that fulfilled the criteria, and she asked each resident if they wanted to participate. This led to a total of 11 participants for my research. Information about these participants is presented in Table 8.

4.6.4.1 Data Collection in the Care Home – Interviews

On August 29th, 2019, I conducted semi-structured interviews in the care home with seven residents. Six female residents and one male resident participated. The participants were a mixture of full-time residents and short-stay residents. Before the interviews, the residents completed consent forms and demographic sheets and agreed to be audio recorded. During the interviews, I discussed the topics from the focus group guide – community, social life and family and friends with the residents. Again, I noted down any points to reflect on with the residents before the end of the interview. After each interview was finished, I provided the residents with participant sheets and support sheets. The care home residents' interviews ranged from 5 minutes to 34 minutes, with an average time of 15 minutes.

After the interview collection was complete at the end of day one, I had a discussion with the manager. We concluded that social network mapping would not be feasible due to staffing and time constraints, so I had to create an alternative activity. This activity is presented in Appendix L.

4.6.4.2 Data Collection in the Care Home – Focus Group

On August 30th, 2019, I conducted one focus group in the care home. There were four female participants. One resident participated in both the interview and the focus group. The other three residents did not participate in the resident interviews. Before the focus group activity, the residents completed consent forms and demographic sheets. They also agreed to be recorded. The residents then completed the activity that is displayed in Appendix L.

In activity one, the residents ranked community characteristics. Activity two involved them identifying whom they considered their community and the final activity allowed the residents to identify communities that they held membership to. The focus group exercise lasted 40 minutes. After the activity finished, I provided the residents with support sheets and contact forms.

Further information about the participation of the care home residents in Phase 3 of my research is presented in Appendix M.

4.6.4.3 Post-Data Collection

After the data collection at the care home, I wrote down my thoughts and feelings in my reflective journal. After I had completed the resident research, I began the transcription process for the interviews and the focus group exercise. The rankings and ratings for the community characteristics captured in the focus group exercise were inputted into a spreadsheet on excel. Further information about the research analysis process is presented in Section 4.7.

4.6.5 Evaluation of the Resident Research

The interviews and focus groups were a good experience. The residents mentioned details about living in the two LTC settings that I had not found out about during the previous research stages. The main issue with the research related to resident interest. I had planned to do multiple focus groups in both schemes. Unfortunately, there was not enough interest for this to occur. Instead, I only had one in each scheme. This reduced the data that I had available and limited the number of different resident perspectives about living in each scheme.

The next issue related to the potential bias based on the sampling method used to recruit the participants. This was introduced as a potential limitation for the semi-structured interviews in 4.2.2.6. As the participants were chosen for me in the care home and as the extra care participants volunteered, this could have introduced bias in the responses I received from them during the interviews, the focus groups and the social network mapping exercises. However, in the care home, nearly half of the residents who met the inclusion criteria participated (9 out of 19 potential residents based on the information from Table 4, Section 4.3.2).

The sampling method issues were also mitigated due to the resident research forming one stage of the three stages of research. The resident research information was corroborated

with findings from the two other stages of research, offering the potential for triangulation of the residents' responses.

The final issue with the resident research was that some of the interviews at the care home were very short. There were two main reasons for the varying length of interviews with the residents. The first was the frailty of the residents. One resident who was hearing impaired, could not find her hearing aid. For her to hear me, she suggested that I should shout. To try to create a more comfortable environment, I also provided her with a copy of the questions so that she read along to the question I was asking. Although not ideal, I continued with the interview asking her the most important questions from the interview schedule.

The next reason for shorter resident interviews at the care home was that I had to fit my interview into the residents' daily schedules. An example of this was one resident who had a hairdresser appointment that she had to attend after the interview, leaving her only a limited time to participate in the interview. Again, I had to be selective about the questions that I asked her.

Although some of the resident interviews were short in length, there was great value in the information that I captured as I was able to hear the direct testimonies of the residents (Luff et al., 2011). Each resident had a different story and a different perspective of living in the scheme. This meant that each interview helped me to yield useful data.

4.7 Data Analysis

Qualitative data analysis was conducted in NVivo 12. SPSS 26 was used to analyse the quantitative data. Data analysis was an ongoing process. The data were analysed as it was being collected (Merriam and Tisdell, 2015). After the three phases of data collection were completed, five main data analysis methods were employed to help identify the communities that existed within the LTC schemes. They were inductive qualitative content analysis, deductive qualitative content analysis, asset mapping, statistical analysis of utilisation data, and capital interaction mapping.

4.7.1 Preparation

The first stage of data analysis was the preparation of the data (Merriam and Tisdell, 2015). I took an inventory of my entire data set in order to understand the forms of data that I had collected (Merriam and Tisdell, 2015). I then selected my unit of analysis. For my qualitative analysis, I chose to analyse the resident interviews, the resident focus groups, the resident social network mapping interviews, the documents collected during Phase 1 and the key

informant interviews. For my quantitative analysis, I analysed the utilisation survey information. The following sections list the processes that I used to conduct data analysis.

4.7.2 Inductive Qualitative Content Analysis

The first method that I used to analyse the data was inductive content analysis. Content analysis is a process where data is systematically condensed without losing its meaning (Roller and Lavrakas, 2015). During inductive content analysis, meanings and interpretations of the data are guided by an immersion in the data (Merriam and Tisdell, 2015; Roller and Lavrakas, 2015). This contrasts to deductive content analysis, where categories obtained previously are used to identify relevant content (Roller and Lavrakas, 2015).

Roller and Lavrakas (2015) suggest a process of reading and re-reading the material in order to gain an overview of the data and to understand the whole picture. I read through each piece of data three times. I also made memos of any impressions that I had while reading, that I thought could be significant. This process enabled me to be immersed in the data (Merriam and Tisdell, 2015).

In the next stage of content analysis, I developed codes (Roller and Lavrakas, 2015). Coding is the process of summarising data through labels and categories in relation to the research questions (Flick, 2014; Roller and Lavrakas, 2015). I had one main research question that I wanted to explore to understand the communities present in the schemes. It was:

> What are the barriers and facilitators to creating communities within the LTC settings?

To address this question during the qualitative data analysis process, I split the question into two separate questions. These questions are presented below.

> Q1: What are the opportunities for residents to participate in the schemes?
>
> Q2: What are the barriers that prevent residents from participating in the schemes?

The rationale for these questions was derived from Section 2.6.2. This section highlighted social participation as a method of maintaining communities. It suggested that residents needed to interact in order for communities to exist. Therefore, using the two questions above, I was able to identify how residents participated in the schemes and the factors that restricted their participation.

After this, I re-read the data from the perspective of the research questions. I then began open coding based on the barriers and opportunities for resident participation. During open coding, I identified segments of the data that corresponded to the questions (Merriam and Tisdell, 2015). I adopted a systematic process, open coding line by line to ensure that all of the data was treated the same way (Rivas, 2018). I highlighted segments of the printed transcript and wrote down my comments and observations. I used this to describe the reasons behind my codes (White and Marsh, 2006). I wrote notes highlighting the factors that facilitated resident participation, and I identified the barriers that restricted resident participation. Once I had completed this process with the first transcript, I grouped similar codes (Merriam and Tisdell, 2015).

I then kept a list of the codes, and I created a coding sheet listing the codes that I had identified in the transcript and a description for the codes. This was a starting place for the next transcript. I then moved onto the next transcript. I checked to see if the codes created in the first transcript were present in the second. This was to test the transferability of the codes and to view the consensus between the transcripts (Roller and Lavrakas, 2015). I also kept an additional list that featured all of the codes in the second transcript. This was then merged into a master list that featured codes from both sets (Merriam and Tisdell, 2015). This process was continued for all transcripts until I had a list of codes.

The next stage was preliminary coding. The codes from open coding were group, defined, and I ensured that they were unique (Roller and Lavrakas, 2015). I recorded them in a codebook that featured the name of the code, the definition and an example from the text (Roller and Lavrakas, 2015). My codebook was a dynamic document that I continually updated.

Following this, I tested my codes. I began testing my codes on a different transcript. This allowed me to resolve my codes and update my codebook (Roller and Lavrakas, 2015). When I was sure of my final codes, I assigned codes to all of my data in Nvivo 12.

Once the data was coded, I began the categorisation and abstraction process – describing the topic by creating categories (Elo and Kyngäs, 2008). After this, the codes from all of the transcripts were grouped into preliminary categories (Rivas, 2018). The categories were operationalised, a process described by Rivas (2018), which turns abstract terms into concrete terms. It was a process that involved categories being renamed and subsumed (Rivas, 2018). There was also constant comparison, which meant that the interpretations remained grounded in the data (Rivas, 2018). The method of constant comparison was good

as it stopped me from being overwhelmed. It also helped me to develop complete categories.

I carried out this process across all focus group and interview transcripts. This led to refined categories of the methods of resident participation in the schemes. Three forms of social activity grouping were identified, participation in communal spaces, participation during social activities and resident participation with their existing social network. There were also barriers to participation uncovered, including a lack of awareness, loss, and issues relating to distance.

Appendix N presents examples of the categories, subcategories, subcategory definitions and excerpts from the transcripts that feature in the opportunity to participate codebook. Appendix O features information from the barriers to participation codebook.

4.7.3 Deductive Analysis

Following the inductive process, which identified opportunities and barriers to resident participation within the LTC settings, the next stage was the deductive analysis of the data. Chapter 2 introduced two forms of community, communities of place and communities of interest. It also introduced the idea of a sense of community. The first stage of the deductive analysis was re-analysing the codes to add whether the different forms of participation were within a community of place, a community of interest, or could potentially add to the scheme's sense of community.

After the potential communities were identified, the community capitals approach, introduced in Chapter 3, was revisited to identify the capitals present in each community. All sources of data gathered across the three phases of research were re-analysed, using predetermined codes. Each code related to one of the community capitals (human, built, social, financial, cultural or political) identified in Chapter 3. This process was the foundation for asset mapping, which is described below.

4.7.4 Asset Mapping

Asset mapping is a method that has been used to list the resources available to a community (Goreham et al., 2017). It has been used alongside the community capitals framework to identify, organise and systematically sort the capitals available in the community (Emery et al., 2006, Goreham et al., 2017). Asset mapping aims to provide an inventory of assets to uncover the stocks and flows of capitals (Pitzer and Streeter, 2015).

Asset mapping was used during the data analysis process to first, identify the capitals available to the LTC settings as a whole. After this, it was used to identify the capitals available to the different communities within the schemes. I made an inventory of all of the capitals available in each home using the results from the deductive analysis process presented in Section 4.7.3. The sources of capital were summarised and listed in capital maps. These are shown in Figures 14 and 15.

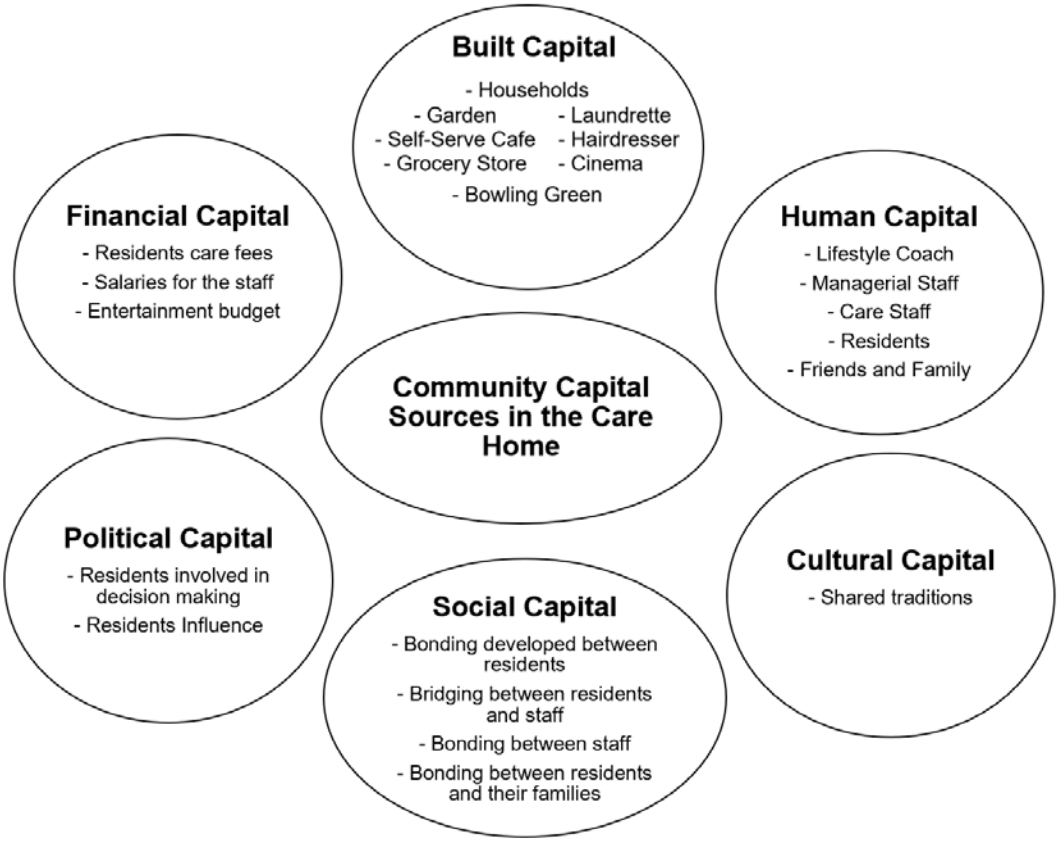


Figure 14. An Asset Inventory for the Care Home (Source: Author, 2019)

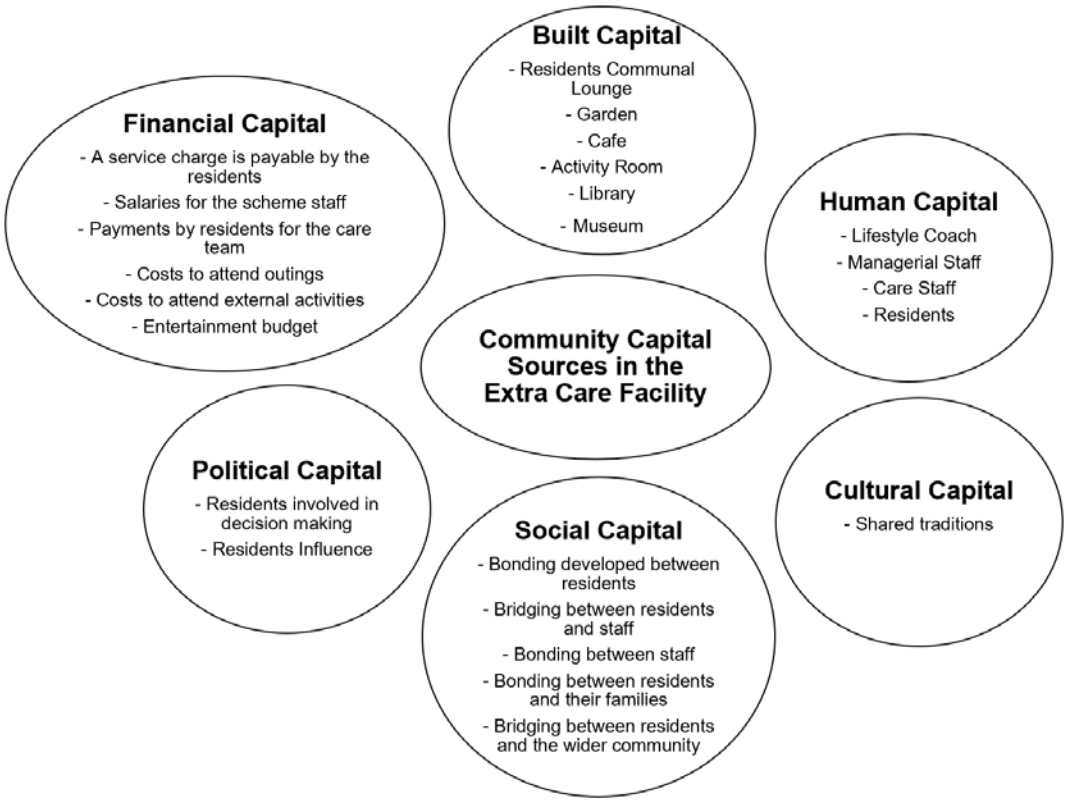


Figure 15. An Asset Inventory for the Extra Care Facility (Source: Author, 2019)

Following this, for each community identified during the deductive analysis stage, an inventory of the capitals was created. These capitals were cross-referenced with the master asset inventory maps (Figures 14 and 15) to ensure that all of the capitals were listed and correct.

4.7.5 Statistical Analysis of Utilisation Data

The next method of data analysis was conducted on the utilisation data. Behavioural mapping observations were inputted into an excel spreadsheet. After that, the data were combined then exported into SPSS. While in SPSS, I used methods to clean and consolidate the data (Weil, 2017). One method I used to accomplish this was by using descriptive statistics to verify the interaction classifications.

An example of this was for the alone behaviour. This behaviour should correspond to a person who is not interacting with anyone. I cross-checked the number involved in the interaction column against the behaviour column. When there were inconsistencies, I revisited the original paper surveys, identified the issue, and then corrected any errors. I completed this process for all columns, ensuring that any issues were cross-checked and verified.

As part of the utilisation survey, each observation I made had a text summary to explain my observations. This led to hundreds of potential observations with no point of consensus. To account for this data, I analysed the text summaries, and I created simplified categories. This added an extra layer of data, enabling me to gain added information about the interactions. For example, for the social interaction behaviour, I was able to group activities into a category called recreation. This allowed me to see what type of social interaction was occurring in the settings.

As I only had data from the observations in the communal spaces, I used SPSS to create descriptive statistics about the use of the LTC spaces. This included demographic information of the users, the behaviours observed and any changes in the use of space throughout the day. I also produced graphs to display this data.

4.7.6 Data Triangulation

The information from the outcomes of data analysis Method 1 (the barriers and opportunities to participation, Section 4.7.2), Method 2 (the identified communities, Section 4.7.3), Method 3 (the identified capitals, Section 4.7.4) and Method 4 (the identified interaction patterns, Section 4.7.5) was triangulated to detail the process of community formation in the LTC settings. For communities of place, the qualitative data analysed in Method 4 was used to augment the results from the qualitative data gained through the interviews, focus groups, and documents analysed in Methods 1, 2 and 3. The results from the statistical analysis were used to understand what interactions occurred in different spaces. This helped me to decide whether the communities shortlisted in Method 2 could be considered communities based on the definition identified in Chapter 2. For communities of interest, the information from Methods 1, 2 and 3 was combined. Information about this triangulation process is displayed in Figure 16.

The outcome of the data triangulation process were capital interaction maps. These maps detailed the flow of capitals throughout the communities. They showed the route of capital interaction and the process of creating communities. The maps featured capital foundations, facilitating capitals and outcomes. These maps are presented in the results chapters (Chapter 5 and 6).

Using capital interaction maps and the residents' social network maps (Section 4.6.3.4), I created a diagram of the community ecosystem. The overall process of data analysis enabled me to identify community formations, the capitals that they required and any barriers and facilitators to creating these communities.

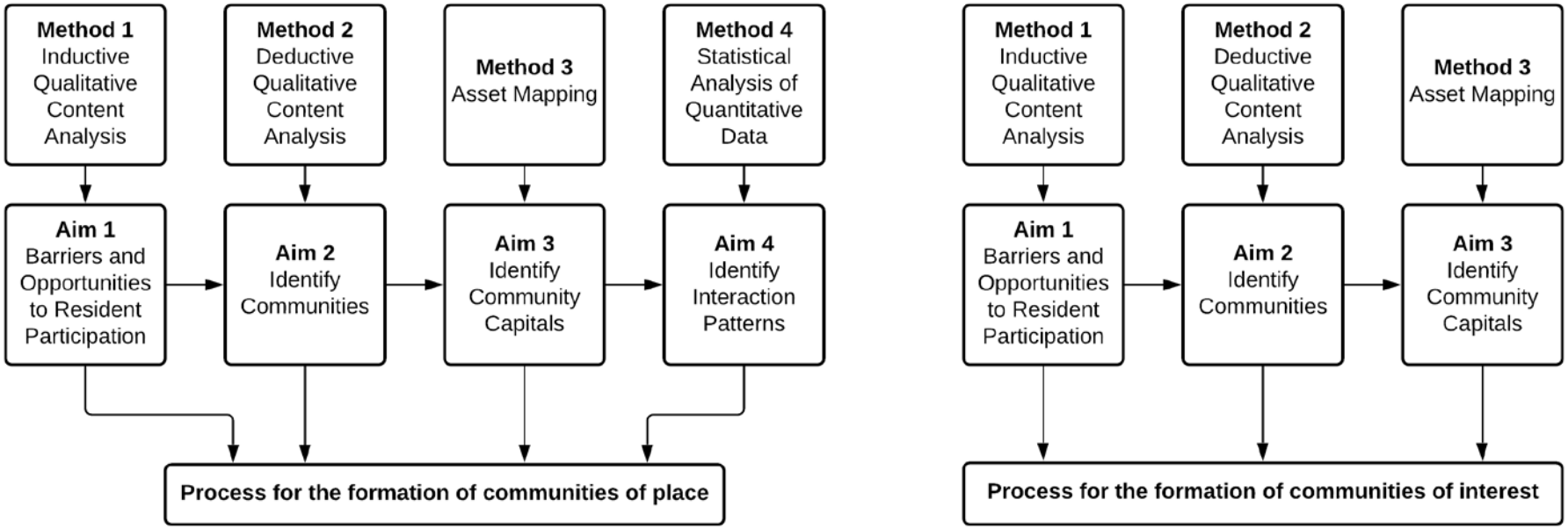


Figure 16. The Data Analysis Process (Source: Author, 2020)

4.7.7 Evaluation of the Data Analysis Methods

The main advantage of the research analysis process was that I took a detailed systematic approach following published guidance. I planned each phase of the analysis process, creating guidelines which I followed. This led to an audit trail – a full record of activities that I had undertaken (Robson and McCartan, 2016). Watkins and Gioia (2015) suggest that this enhances the dependability of my results as my research was carried out in accordance with the rules of the methodology.

The main disadvantage of my research analysis process related to confirmability. Confirmability measures how much the research reflects the participants' narratives rather than those of the researcher (Robson and McCartan, 2016). I created codes based on my own interpretations of the research during the coding process in inductive content analysis (Section 4.7.2). Many scholars argue that another individual should check these codes to assess their consistency (Finlay, 2016; Mayring, 2015; Robson and McCarton 2016; Roller and Lavrakas, 2015). Similarly, there is also the idea that data analysis methods, in general, should be tested by others to check that there is minimal influence from the researcher on the results (Robson and McCarton 2016; Roller and Lavrakas, 2015; Watson and Gioia, 2015). This factor would impact on the confirmability of my findings.

As I was the only researcher on the project, and this was a factor which I recognised during the design stages, I implemented measures to try to mitigate these confirmability issues. First, I had a detailed audit trail. Data, documents, and my methodology were organised, evaluated and explained (Finlay, 2006; Robson and McCartan, 2016). Next, I transcribed my interviews from audio recordings (Robson and McCartan 2016). This enhanced my confirmability as it enabled me to produce transcripts that featured the participants' voices rather than trying to create them from memory, which could have been subject to issues such as recall. Another method that I used to try to enhance the confirmability of the process was by keeping a reflexive journal (Finlay, 2006). This allowed me to record my thoughts and gauge an understanding of my own views and the impact that they could have had on the research. Watkins and Gioia (2015) argue that as I reflected on my influence, it would have helped to increase the confirmability of the results.

The final factor that helped to enhance the confirmability of my results was the triangulation of the data (Robson and McCartan 2016). Using a multiphase approach (Section 4.3), I captured both qualitative and quantitative data. This helped me to carry out methodological triangulation. Data triangulation in the analysis process (Figure 16) also allowed me to

compare and contrast different data sources, helping to ensure that my results reflected the participants' narratives.

4.8 Ethical Considerations

While conducting this research, there were various ethical considerations relating to the research participants, researcher and the collected data. The desk-based secondary data analysis and the key informant interviews were considered low risk. Resident interviews, however, were classified as a higher risk.

Each phase of the research was granted ethical approval by the Coventry University Ethics Committee (Appendix A). This process involved submitting a detailed description of the research plans, consent forms, participant information sheets, planned data collection tools and detailed data management plans.

When conducting the research, informed consent was acquired from all participants (Walliman, 2015). The consent form contained information about the scope of the research, the opt-out clause and the right for participants to discontinue (O'Leary, 2004). Due to the potential vulnerability of the residents, continued consent throughout the study was obtained, and the consent form was also used to gauge the competency of the participants. I also ensured that participants knew that they were there voluntarily, and I did not offer a monetary incentive in exchange for participation (O'Leary, 2004).

I also ensured that the data obtained from the participants remained confidential. Interview and focus group transcripts had the names of the participants changed, and they contained no information that could relate to the identity of the participants. Research data was stored on the cloud, and no physical copies were left around (Walliman, 2015). This was to ensure that the documents were kept safe and secure.

4.9 Positionality

There were potential disadvantages that could stem from my background. As a researcher, I was an ‘outsider’, which could have led to distrust from the residents in both schemes. This distrust could have potentially impacted on the time that it would have taken me to gain more in-depth information about the LTC settings. My age and experience could also have been a disadvantage as I was younger than the participants. This could have been a factor that could have led to the participants treating me differently in contrast to a more established researcher. Ethnicity was also an issue that could have had an impact on the research. As I was a completely different ethnicity to all of the study participants, it could have been a

disadvantage. It could have also been positive as it could have led to intrigue, and the participants could have been interested in me and my life. Overall, the residents in the schemes made me feel welcome. It was important that throughout the research, I reflected on my positionality as it influenced my research, the data I gathered and my experiences while doing the research.

4.10 Chapter Summary

This chapter has presented the research methodology used to investigate the creation and evolution of communities within LTC settings for older people. It began with a discussion based on the chosen research approach. It has evaluated the research design, the research methods and the data analysis process.

The following chapter presents the first set of results from this study – creating a built environment that supports community.

Chapter 5 – Creating a Built Environment that Supports Community

5.1 Introduction

This research explored the community ecosystem within two LTC settings for older people. It aimed to understand how communities were created within these settings. Chapter 1 introduced the rationale for this research. Chapter 2 explored the concept of community. The conceptual framework presented in Chapter 3 detailed a process of creating communities within LTC schemes for older people.

During the research, one main research question was explored:

> What are the barriers and facilitators to creating communities within LTC settings for older people?

In order to identify the potential community formations within the two LTC settings, three phase-specific questions were explored:

> Phase 1: What community capitals exist in care homes and extra care facilities for older people?
> Phase 2: How do the community capitals influence the formation of communities in these two settings?
> Phase 3: What sources of support do residents living in the care home and the extra care setting have at their disposal?

Qualitative content analysis of interviews, focus groups, utilisation notes and documents enabled an exploration of these questions. This information was triangulated with the results from the statistical analysis of the utilisation data obtained from hours of behavioural mapping in each setting. Further information about the data analysis process was presented in Chapter 4.

Through the data analysis process, it was discovered that communities exist within the residential settings. I identified the resources that helped potential communities to grow and the internal and external factors that could have contributed to the development of these communities. I also discovered that alongside the growth of communities, that there were strategies and approaches undertaken that promoted community life within each LTC setting. The following sections describe this information in greater detail.

First, the research results identified the process for community creation within the LTC settings. Each community had a founding capital – the foundation for the community. This related to the capital which the community was formed on. Next, facilitating capitals were identified. These capitals interacted with each other and with the founding capital to spiral up. Finally, the spiralling up process produced various outcomes, including the formation of communities within the LTC settings. This process allowed me to understand how communities were created within the care home and the extra care setting and the resources required for this development.

After using the spiralling up process to discover what communities existed within the LTC schemes, two internal sources of community for residents were identified. First, the two schemes had a built environment that supported community (Section 2.9). This included communal spaces that enabled communities of place to develop (Section 2.2). Next social activities were provided for the residents. This helped the residents to develop communities of interest and generate shared experiences (Section 2.10). External sources of community were also revealed to supplement the sources of support available to residents in the LTC schemes. Section 2.3.3 introduced the idea that individuals are involved in multiple communities across the life course at different times for different purposes. The external community sources of support identified included residents' existing relationships and social networks, their past communities of interest (Section 2.3.3), the resident's links to place and their past communities of place (Section 2.3.1) and the residents' family members.

The results are presented across two chapters. This chapter focuses on how built capital supported communities within the LTC schemes. Chapter 6 investigates the role that social activities had in supporting communities within the LTC schemes.

This chapter will analyse and discuss the role that built capital had in facilitating communities in the two LTC settings. To begin, the communal spaces in each LTC scheme will be identified. Next, three features of the built environment that had a role in creating communities and providing opportunities for community life will be discussed. The first feature of the built environment that will be introduced are the households in the care home studied (Castle Brook). This section aims to discuss how living in an environment with shared spaces that offer opportunities for regular gatherings, can lead to communities within the care home. The second feature that will be presented is the residents' communal lounge in the extra care setting (Tithe Lodge). It examines how creating a communal space solely for residents helped create a community of place within an extra care facility. The final feature of the built environment that is considered is the cafés in both schemes. Their role in supporting community groups and providing opportunities for community life is reviewed.

5.2 The Importance of Communal Spaces

In both LTC schemes, the building was the main source of built capital available. The built capital in each scheme varied, with different site layouts and different types of communal spaces available for use by the residents. In the extra care facility, the built capital was split between the private and the public side of the site. The private side was only accessible by residents and staff with the use of a key card. In contrast, all of the facilities on the public side were available for use by the residents and the wider community. There was a residents' lounge available in the extra care setting that was situated on the private side of the scheme. The lounge was created solely for the use of residents, with family and staff also welcome to join in with any events held there. There was a café, an activity room, a games room, a library, and a small museum on the public side of the scheme.

In the extra care setting, residents were able to rent or share the ownership of, one of the 75 one and two-bedroom apartments. Each apartment was self-contained, featuring an open-plan kitchen and dining area, a bedroom(s) and a bathroom. In some of the apartments, the residents had access to a balcony or a terrace. The resident accommodation was situated on both the private and public side of the scheme. On the private side, all floors had resident apartments. On the public side of the scheme, resident apartments were located on the first and second floors.

The care home differed from the extra care setting as it was a completely closed site. There was no public access to the site. Authorised visitors, such as family and friends, could access the site at any time using the biometric fingerprint system. Residents, unless authorised, were unable to leave the site on their own. Communal spaces on offer at the care home were available for use by residents, their visitors and staff at the scheme. There was a self-serve café, a laundrette, hairdressers, a grocery store, a cinema, and a table tennis corner on the ground floor.

In the care home, there were six households – each comprising of, up to fourteen residents. In each household, residents had private apartments, and there were shared communal facilities. Each household had the same forms of built capital. The communal areas in each household featured an open-plan kitchen, a small lounge area, a dining area and a main lounge. Near the main entrance of each household, there was also a small corridor lounge. Each household had access to a balcony or a terrace with access to the garden if on the ground floor.

The LTC facilities, therefore, had different communal spaces available for use by the residents. Each space had its own function. The next section explores the roles of the

communal spaces (built capital) in each scheme. It begins with an investigation into the role of the household communal spaces in the care home.

5.3 Household Communities – The Care Home

In the care home, the residents lived in households (Section 5.2). Each household had shared spaces, including a main lounge and a dining room. These shared spaces were identified as the location for daily social gatherings. These shared spaces (the main lounges and the dining rooms) within the households were also the features of the built environment that helped to support the household communities (Characteristic 1 of creating a community in an LTC setting – Section 2.9.2).

During the observation week, across the six households, usage of the communal spaces was dominated by the residents and care staff (57% and 37% of all household interactions, respectively). Family members were also observed interacting, but at a much lower frequency (5% of all of the household interaction observations). Other users of the households were visitors, who included health professionals and builders. In the household communal spaces, residents, therefore, had opportunities to be supported by and develop relationships with three core groups, the care staff, the other residents, and in some cases, their family members. Interaction in the households by the builders was limited.

The following sections discuss how the communal spaces in the households provided opportunities for regular interaction, which contributed to the development of relationships within the care home. The section begins by discussing the development of the three core relationships identified above. Following this, the barriers and facilitators to the household communities are discussed, with reference to a household that had many characteristics that would support different household communities of place. The section concludes with an evaluation of the capital interaction processes that helped to create household communities within the care home.

5.3.1 Household Communities – The Household Care Teams

In the care home, the household communal spaces facilitated the growth of household communities. During daily social gatherings, residents and staff socialised in the household communal spaces. This social interaction led to the reinforcement of resident and staff relationships. These relationships helped to develop the household communities of place, with residents and staff being identified as the main community members.

In the main lounge (pictured in Figure 17), the care staff had daily opportunities to socialise with the residents. During the 2018 CQC inspection, the inspectors observed various examples of the care staff and the residents developing their relationships while in the households. For example, the CQC observed staff members engaging in spontaneous behaviour in the lounge – socialising with a resident who woke up. *"When one person woke from a snooze in an armchair, staff played the person's preferred music and sang and danced with them"* (CQC, 2018: 19). The CQC also observed staff members bringing groups of residents together in the household lounges. *"Staff were cheerful, and they smiled and sang while they were supporting people, which had a positive effect on people's moods. Staff initiated conversations between a group of people who had been sitting silently before staff approached them"* (CQC, 2018: 16).

These actions indicate that the shared spaces in the households functioned as locations that promoted bridging social capital between the care staff and residents who lived in the households. They also suggest that the care team were important sources of human capital, helping to facilitate relationships between the residents who lived in the households.

Figure 17. Care Home Example: A Household Lounge (Source: Trusted Care, 2016)

During the observation week, I also observed many examples of the care team having meaningful conversations and interactions with the residents while in the households. On many occasions, when in the main lounge, the carers talked to the residents about their family and their lives offering residents opportunities to reminisce. I also witnessed a male carer singing and dancing with the residents in the main lounge. Furthermore, in the households throughout the week, I observed the carers hugging, complimenting and embracing the residents. A female resident highlighted the positive impact that these actions had on her. She noted, *"they make you feel. They're looking after you, and they make you feel wanted, you know, they'll hug you in the morning. And some of them give you a kiss"* (Female Resident R1, The Care Home, August 2019).

These examples suggest that while in the household lounges, there were opportunities for residents to develop relationships with the care team. These examples also suggest that there was the potential for residents to develop bridging social capital with the care team.

In the household dining rooms (pictured in Figure 18) during mealtimes, there were further opportunities for the residents to develop their relationships and their bridging social capital with the care team. In the care home, the staff aimed to create a family dining experience at mealtimes. The managerial staff said that one way they tried to achieve this was by encouraging the care staff to eat their meals alongside the residents at the dining table. This is explained further in the quote below.

> *What we try to do is create more of a homely family atmosphere. So, for example, at mealtimes, we encourage staff to sit with the residents and have something to eat themselves, create a family dining type of experience like you would at home. Have a chat about the day and that type of thing, just to make it feel homely (*Managerial Staff S1, The Care Home, August 2018).

During the CQC inspection, the inspectors stated that lunch was a social occasion. *"Staff were encouraged to sit and eat their lunch with people in the dining rooms, which made lunch a social occasion, and encouraged, supported and reminded people to eat where people required help with this"* (CQC, 2017d: 14).

The quote above supports the homes claim, suggesting that the residents had opportunities to develop bridging social capital with the care team during mealtimes and develop their relationships.

Figure 18. Care Home Example: A Household Dining Room (Source: Opera Care, 2019)

In the care home, in the household communal spaces, relationships were developed between the residents and the care staff. These relationships have been recognised by many people in the scheme, including a member of the managerial team who stated:

> *So, all those normal daily life discussions come through often with the staff sharing their life experiences. So, what the staff realise is that this resident has been there and they've already lived your life, so they've got no end of experience and reflection to give, so there are some close bonds that do form* (Managerial Staff S2, The Care Home, August 2018).

These relationships were also supported by a carer who remarked, *"They [the residents] are like family. We develop a bond with people"* (Carer, The Care Home, CQC, 2020: 16). Furthermore, the CQC noted, *"some people have developed very caring and trusted relationships with staff"* (CQC, 2020: 12).

The residents also highlighted the reciprocal nature of their relationships with the household carers. One key example is of a female resident who without hesitation, classified the carers in her household as her friends. When referencing a male carer whom she considered her friend, she stated, *"we have a banter, he's great. He's lovely. He's very nice. He'll come in in the morning, and he'll go. Yes, you're all the same. Tired eyes. He's lovely he truly is"* (Female Resident R4, The Care Home, August 2019).

Through shared experiences in shared household spaces, friendships developed between residents and staff in the care home. Section 2.5.2 highlighted that friendships were the social relations that were central to creating communities. Therefore, the households were an environment that offered the foundation for both the development of friendships and for household communities of place in the care home that featured staff and residents.

5.3.2 Developing Relationships with other Residents

In the care home, there were also communities within the households that were formed based on the relationships and friendships that had developed between the household residents. These relationships were also formed during daily social gatherings that occurred in the households. Two of the household communal spaces were identified as the locations for these gatherings. The first were the main household lounges.

The scheme staff identified the main household lounges as one of the communal spaces that was used most by the residents. This was acknowledged by a member of the

managerial team who commented that the residents, *"use the lounge all day and on and off throughout the night too sometimes"* (Managerial Staff S1, The Care Home, August 2018).

While in the lounge, a male carer highlighted that the residents talked among themselves. *"I think that it [the main lounge] is a place where people specifically go to converge with each other for interaction purposes and whether it is to interact with the TV or interact amongst themselves"* (Male Agency Carer S3, The Care Home, August 2018).

During the observation week, the main lounges were used most by the residents (66% of all observations in the main lounges involved residents). While there, the residents gathered, watched TV and talked to each other. One resident highlighted that she spent most of her time in the lounge, *"on the other side of the armchair"* (Female Resident R6, The Care Home, August 2019) to her best friend in the scheme. In all of the household main lounges, there were seating arrangements. These arrangements were based around the friendship groups that had developed within the households. The main lounge was, therefore, a gathering place for residents who lived in the households.

The next communal space identified as a location for daily social gatherings were the household dining rooms. Residents convened at mealtimes (breakfast, lunch and dinner) in the dining rooms. Some residents may have stayed in the household throughout the day, others participated in social activities around the home (see Chapter 6), but the dining room was the one location that brought all of the household residents together at one time. This ensured that residents in the household had regular, guaranteed social interaction opportunities.

The idea of regular interaction was illuminated by a resident who stated, *"We all meet up at lunchtime in any case, because that's where the dining room is"* (Female Resident R7, The Care Home, August 2019). Similarly, another resident highlighted the social aspect of mealtimes in her household. She stated, "o*h yes, we're up in the, we talk in the dining room a lot when the meals are up. It's lovely. I love it, my love"* (Female Resident R2, The Care Home, August 2019).

In the dining room, the residents also had a seating plan, similar to that of the main lounge, with residents sitting next to their friends while they ate.

> *Researcher: Do you sit with your friends?*
> *Female Resident R2: At the table, the dining table, yes*
> (The Care Home, August 2019)

Residents chose where they wanted to sit and the seat, they chose became their personal seat. Some residents also chose to eat their meals in a different household, eating at the dining table with their friends from that household. A member of the managerial team noted, "w*e have two people on the top floor who prefer to go to the other side for lunch, so every single day they go and have their lunch on the other household"* (Managerial Staff S1, The Care Home, August 2018).

These examples suggest that residents had choices about where they ate their meals, and these choices were influenced by the friendship groups that they had developed while living in the care home. Allowing residents to choose where they wanted to eat their meals, led to the development of resident relationships within and across the households.

In the care home, in the household communal spaces, residents developed friendships with the other residents. During daily social gatherings, residents chose to sit with their friends. The development of resident friendships within the households is the first indication of resident-only household communities of place within the care home. For the residents who chose to eat their meals in the other households, they also had the opportunity to be members of different household communities alongside the household they were allocated to.

The social norms; the unwritten rules that determined who sat where in the communal spaces; were the next indication of the resident-only household communities of place in the care home. Not only did these social norms help to maintain social order while in the household communal areas (Section 2.6.1) – but they also indicate that residents had a stake in the household as there was a space for them and only them. This could have led to the feeling of ownership by the residents in the household spaces and also a sense of belonging (Section 2.6.2).

Therefore, alongside an overall household community identified in Section 5.3.1, there was also the potential for residents to be members of a resident-only household community of place. The household communal spaces were a foundation for the development of resident relationships in the care home. The social interaction between residents in the household shared spaces, alongside the ideas of ownership indicated that there was the development of resident-only communities of place. Membership to these communities was fluid, however, offering residents opportunities to be members of multiple household communities at the same time.

5.3.3 Developing Relationships with Family Members

The final grouping identified in Section 5.3, who spent time in the households were the residents' family and their existing friends. Residents were able to spend time in their own room with their family and friends or in the household communal spaces. The CQC recognised this during their 2019 inspection of the home. *"People had their own rooms, which they could personalise to their individual tastes and spend time in private with family and friends"* (CQC, 2020: 11).

In the care home, family members also joined the residents in the households at mealtimes. The care staff highlighted how a male resident's wife joined him in his household every afternoon for lunch. *"[Resident's] wife's there because she's helping him with lunch, she likes to help him with lunch, so"* (Female Carer S5, The Care Home, August 2018).

Similarly, another carer noted the frequency of family visits to the households:

> *I can tell you there a members of families that come in, for instance, they'll always come in like on a Wednesday at 3 o'clock, we've also got another one who come in at a lunchtime. So, it varies* (Female Carer S4, The Care Home, August 2018).

The CQC also discovered that family members were encouraged to participate in the households at mealtimes.

> *Relatives told us the caring and compassionate attitude of staff extended to families and visitors. During our inspection, two relatives visited a person at lunchtime. Staff invited them to join their family member for lunch, which made it a special occasion for them all. One relative confirmed, "They seem kind here, they come and talk to us which is nice and always greet us when we come to visit."* (CQC, 2020: 13).

During the observation week in October 2018, I also witnessed the influence that family members had in one of the care home households. When observing household 6 in the evenings, there were family members sat at the dining table with the residents. These family members socially interacted with the residents while they ate. They also cared for the residents and helped them to eat their evening meal. Utilisation data highlighted that the family members, while in household 6, split their time between feeding residents, socialising with residents and eating their meals. This suggests that while in the household, family members contributed to the mealtime experiences. It also suggests that family members undertook a role as a source of informal human capital – community members who adopt or volunteer for leadership roles that have no monetary compensation – in the households. This

was because family members offered support and conversation to residents. These actions provided residents in the household with both social and caring opportunities.

The regular interaction demonstrated between family members and residents during mealtimes in household 6 identified by care staff, and the CQC can help generate shared experiences. These shared experiences can help create a shared history and create household communities of place featuring residents and their family members within the care home (Section 2.9.1).

5.3.4 The Facilitators and Barriers to the Development of Household Communities

In the care home, there were factors that impacted on the development of household communities. Box 2 introduces a household, household 3 that was the foundation for three potential communities.

Box 2. Household 3
Household 3 was a re-ablement household. The residents in this household stayed a short period of time before returning to their own homes.

Residents
The household featured short-stay residents who were released from hospital and who were supported by the home to "regain their strength, mobility and life skills" (CQC 2019: 15). In order to leave, the residents had to demonstrate that they could live on their own. Residents in this household were "encouraged to recreate a routine like their own at home" (Green and Johnson, 2018: 1).

Staff
Household 3 had a consistent group of staff. The household had a NHS therapy team and a team of carers who were employed by the home. The care homes care team consisted of “a lead enabler and enablers with extra reablement training to continue rehabilitation while therapists are not on site” (Green and Johnson, 2018: 1).

Social Interaction
Household 3 had the highest levels of social interaction observed across all six households (37% of all interactions in household 3 during the observation week were social). In the main lounge, residents talked, laughed and joked in front of the TV and while playing games. At the dining table residents and staff were also social, talking while they ate. These actions were reflected in the utilisation statistics. Over a third of all interactions in the lounge classified as social, while at the dining table, social interactions accounted for nearly half of all behavioural observations.

Communities
Analysis of research data indicated that the household had the potential to support three forms of community of place:
Household Community of Place – Residents and Staff
Household Community of Place – Residents only
Household Community of Place – Staff only

During the observation week, this household was identified to have the highest levels of social interaction out of all six households, indicating that there were opportunities for the community and the community relationships to develop during daily gatherings. Two factors were attributed to the high levels of interaction observed in this household. The first was the characteristics of the residents.

The residents who lived in household 3 were different from the permanent residents who lived in the other households. This was not only due to their duration of stay, but also because they were considered "medically fit" (Green and Johnson, 2018: 1). Most of the residents in the other households lived in the home permanently, and 64% of the residents who lived in the care home had dementia. The residents who lived in household 3 were unlikely to have dementia and so, they may have had a greater ability to interact with the other household residents socially. Therefore, the nature of the household, the health status and the goals of the household residents could have helped to promote social interaction during daily gatherings in the household. This social interaction could have helped to develop the household communities.

The next factor that influenced the development of household communities within household 3 was the permanent team of carers. The household had a consistent source of formal human capital. During the 2017 inspection the CQC stated:

> *people who lived in the re-ablement household told us all the staff were kind and supportive. We saw most staff smiled at people, spoke to them by name, sat and talked with people and were able to reassure people effectively when they were anxious* (CQC, 2017d: 15).

This quote illustrates how the permanent staff in household 3 got to know the residents, speaking to them by name. It also demonstrates how the regular interaction in the household enabled staff to develop relationships with the residents, offering reassurance and support. In the care home, in a household with permanent staff and residents who were willing and able to engage, there were opportunities for social interaction. These high levels of social interaction could be indicative of the communities that formed in household 3.

The final factor that helped to facilitate the household communities were the sources of informal human capital available to the households. Section 5.3.3 highlighted how a household who had family members could create a household community featuring both residents and their family members. The availability of family members, therefore, was a factor that helped to facilitate this household community.

There were also barriers to the development of household communities. The main barrier to the development of household communities in the care home was the reliance of the households on agency carers – care staff who temporarily worked in the care home. At the time of the key informant interviews, it was estimated that 1/3 of the care staff population were agency workers. Information about the agency care population is presented in Box 3.

Box 3. Carer Population in the Care Home

In the care home, CQC inspections identified that the care staff population was split into three distinct groups:

1. The first consisted of permanent carers. These individuals were contracted carers who were employed directly by the care facility.
2. The second grouping was for temporary agency carers. This group consisted of agency workers, who did not have a formal permanent contract with the home. They did, however, have regular hours guaranteed to them.
3. The final group were agency carers who worked limited shifts at the home. Their employment was irregular, and they worked for a limited time in the home.

The agency carer population arose due to staff recruitment in the home, being unable to keep up with the pace of resident growth (CQC, 2017d).

Analysis of observational data, CQC inspection documents and interviews and focus group transcripts, highlighted a clear distinction between agency carers and permanent carers and their ability to develop and maintain connections with the residents.

During the first CQC inspection, there was an understanding that lots of agency staff started when the home first opened, and some left the home (CQC, 2017d). There was also *"not enough oversight to ensure that the agency staff skills, experience and behaviour was of the same standard of permanent staff"* (CQC, 2017d: 2). This led to permanent staff becoming exhausted in the households as they had to ensure that the work performed by the agency staff was suitable for the residents.

This, in turn, led to differential experiences for residents depending on the household that they lived in and the ratio of permanent to agency staff. These differential experiences included strained relationships between the agency staff and the carers, a factor that was commented on by a permanent carer who stated:

> *when you have an influx of new people, it's personalities kind of clashing at first, and it's weeding out the ones who are not here to be a carer they're just here because they want some money and to sit around all day – which is not what our job is* (Female Carer S5, The Care Home, August 2018).

It also led to strained relationships between the residents and the agency carers. This is highlighted in the following quote. *"I've had one or two ups and downs with erm. What do you call them, not permanent staff?"* (Female Resident R1, The Care Home, August 2019).

Since this, the latest report showed that more permanent staff (financial capital) were recruited, which enabled the staff to spend more time with the residents (CQC, 2019). In the initial quality survey in 2017, relationships were rated as 5.6 out of 10 (WCS Care, 2017a). In the 2018 annual resident survey, relationships were rated as 6.8 out of 10 (WCS Care, 2018a). This suggests that, since the first inspection, an increase in the financial capital outlay has reduced the home's reliance on agency workers. It has also led to greater opportunities for bridging capital to develop between residents and staff, as indicated by the increases in ratings in the annual surveys. This has been indicated further by the CQC in their latest inspection stating, *"staff said they now worked on the same household regularly, which meant they knew people well and could build effective relationships with them"* (CQC, 2020: 13).

Therefore, the people who worked and lived in the households had an impact on the formation of the household communities. Consistent sources of human capital, both formal and informal, helped to facilitate communities. Conversely, temporary sources of formal human capital had the potential to be barriers to the development of household communities.

5.3.5 Community Capitals – The Household Community

Figure 19 demonstrates how the capital endowments available in the care home were able to spiral up, leading to the development of different household communities. The founding capital for all of the household communities was built capital. This section discusses Figure 19, exploring how combining the different community capitals contributed to the development of different household community structures. To begin, there is an evaluation of the household communities that required the least endowments of capital.

Figure 19 presents three scenarios (b, d and f) in which built capital aided the development of social capital which helped to develop both household communities and resident relationships. In scenarios b and d, residents congregated, socialised and developed their relationships while at the table and in the main lounge. These communal spaces were a sufficient capital (built capital) to lead to the bonding social capital between the residents. This bonding social capital helped to facilitate the growth of household communities where residents were the main community members. In scenario f, the founding built capital was the residents' private accommodation. While in their private accommodation, residents

socialised with their families and their existing friends. This helped them to develop their relationships with these individuals.

Sections 5.2.1 and 5.2.3 demonstrated, however, that there was the requirement of greater capital endowments to help facilitate the growth of diverse household communities within the care home. There were intermediary capitals that when combined with built capital, provided opportunities for the development of different household community formations featuring different community members. These capitals are displayed in Figure 19 under the facilitating capital header. Two streams of human capital, formal human capital and informal human capital were identified as being able to help to facilitate household communities within the care home.

First, formal human capital, the household care teams, who required a salary (financial capital), helped to transform the communal household spaces (built capital) into environments that supported household communities. The care staff socialised each day with the residents in the household lounges and while in the dining rooms. This helped to generate bridging social capital between the care staff and the residents. They also brought groups of residents together. This helped to generate bonding social capital between the residents. The care team, therefore, not only facilitated relationships between themselves and the residents, but they also helped to facilitate relationships between groups of residents. These actions helped to develop household communities where the care team and the residents were community members. Capital transformations a and c, in Figure 19 display the development of these resident and staff household communities.

Next, capital transformation e, in Figure 19, introduces family members (informal human capital) as another facilitator to the household communities. The diagram demonstrates how the family's caring and socialising actions at the dinner table helped them develop bonding social capital in the households with the residents. This bonding social capital had the potential to lead to household communities of place that featured family members and residents. All of the households in the care home had the same founding capital – built capital (the household communal spaces). As each household had a similar layout, the households also had a similar endowment of this built capital. This suggests that each household had the potential to experience all five streams of capital transformation presented in Figure 19. In this instance, there would be the potential for clusters of communities to develop within the households, representing the idea of communities within communities. Residents could be members of a household community featuring just the residents, residents and staff or residents and their family members. They could also be

members of all of these communities at the same time, but also experience changing membership throughout their stay in the home.

It was the facilitating capitals, however, that impacted on the development of different forms of household community. This was because each household had different endowments of the facilitating capitals – formal and informal human capital. Section 5.3.4 presented the case of a model household, household 3. In this household, high endowments of formal human capital (permanent care staff), not only spiralled up to generate high levels of social interaction but also helped to create a resident and staff community. Similarly, Section 5.3.3 introduced how the family involvement (informal human capital) in household 6 offered the potential for a household community featuring residents and family members. The data suggested that not all of the households benefitted from having consistent, permanent care staff (formal human capital) and an active family presence (informal human capital), however. This suggests that without these two capital influences, there is a reduction in the number of household community formations available in the home. Revisiting Figure 19, removing the capital transformations attributed to human capital, a, c and e, would, therefore, reduce the number of household communities available in the care home.

Daily gatherings in the households offered residents with an opportunity to generate social capital between themselves (bonding) and the care team (bridging), and their family members (bonding). This social capital and the daily shared experiences helped different communities to develop in the care home. These household communities were complex. Residents, staff and family members had opportunities to be members of different communities within the households. Built capital was important. Figure 19 shows, however, that it was just the foundation for the household communities within the care home. The composition and the actual existence of these household communities was influenced by other factors such as the community capitals. These factors should be considered when aiming to create communities within the care home.

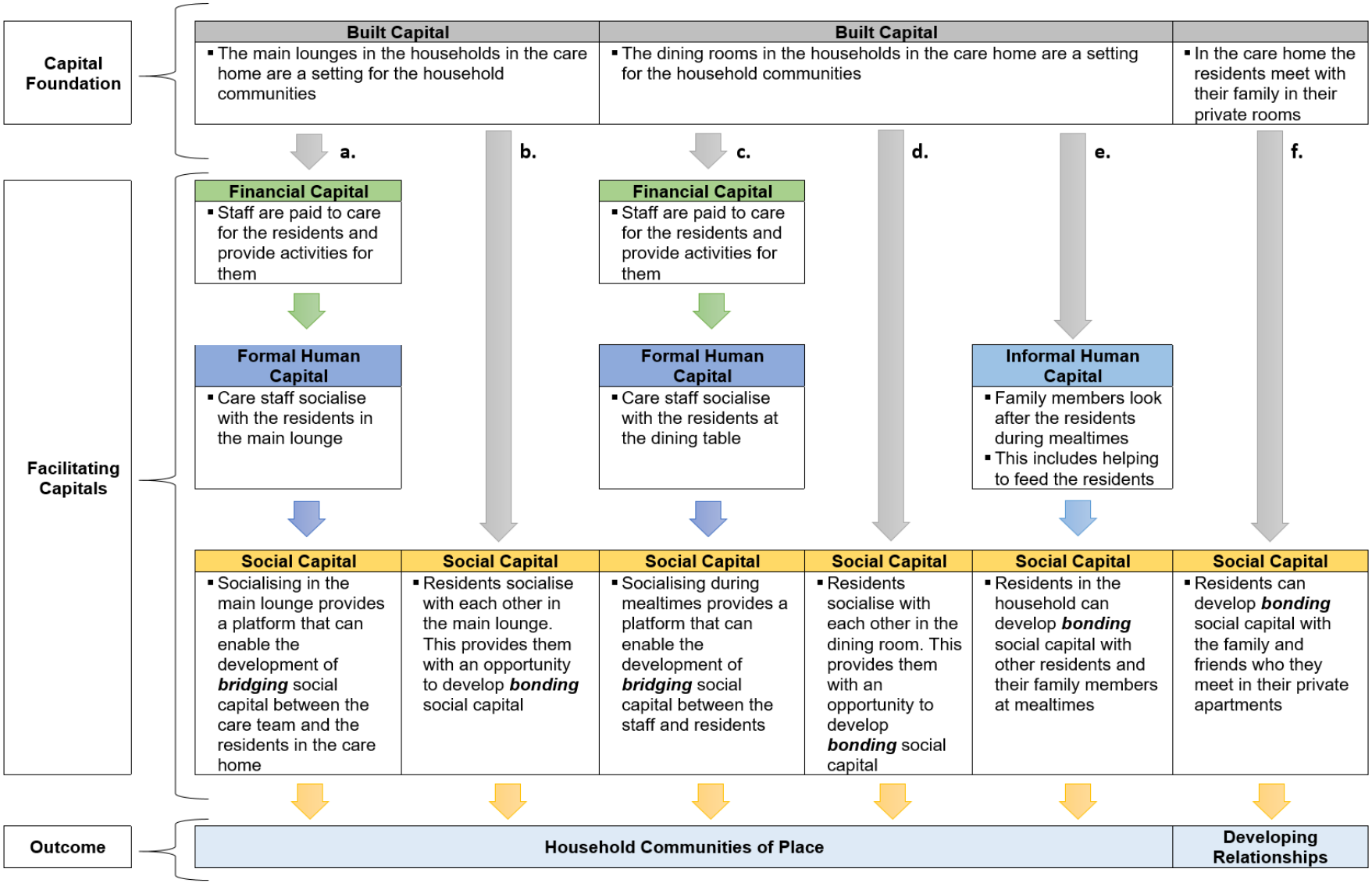


Figure 19. The Capital Interaction Process for the Household Community in the Care Home (Source: Author 2020)

5.4 The Communal Lounge in the Extra Care Setting

The main community of place identified in the extra care setting was a resident-only community whose shared space was the communal lounge. In the extra care setting, the communal lounge fulfilled all four themes identified in Section 2.8 on how to create a community within an LTC setting. The following sections introduce features of the community that fulfil each theme. Next, there is an evaluation of the community's resources. The sections conclude with the barriers and facilitators to resident participation in the community.

5.4.1 The Communal Lounge – Creating an Environment that Supports Community

In the extra care setting, the communal lounge (Figure 20) was a feature of the built environment within the scheme that supported community (Characteristic 1 of creating a community in an LTC setting – Section 2.9.2). This was because the communal lounge functioned as a meeting place for residents in the scheme. During the observation week, the communal lounge was used by care staff, site staff, visitors and family members. They represented 7%, 3%, 4% and 2% of all observations, respectively. It was used most, however, by residents (84% of all observations).

Figure 20. Extra Care Example: The Communal Lounge (Source: All Agents, 2020)

Residents also interacted most with other residents while in the lounge (74% of all interactions were between residents) and 71% of all resident interactions involved women. The high proportion of resident interactions (social interaction) in the communal lounge (shared space) indicates that the communal lounge was a resident-focused place used most by female residents. Therefore, as the communal lounge in the extra care setting was a shared space where social interaction was prevalent, it met the basic criteria for a community as defined in Section 2.5.

5.4.2 The Communal Lounge – Opportunities for Social Activities and Shared Experiences

Regular social interaction presented residents with an opportunity to create shared experiences (Characteristic 2 of creating a community in an LTC setting – Section 2.10). Residents and scheme staff identified the dominant role of the communal lounge as a meeting place for daily social gatherings. This was supported by the observational data obtained during the observation week.

Each weekday afternoon between 2 pm and 4 pm residents drank tea, ate biscuits and socialised.

> *I'd come and have a chat in the afternoon and come and have a cup of tea. Because I know my neighbours and that and they know me. We just sit in here and have a chat my duck, it's good* (Male Resident R15, The Extra Care Setting, June 2019).

The quote above demonstrates how the residents in the scheme had opportunities to talk to each other. Figure 21 displays the interaction data for the communal lounge. Between 2 pm and 3 pm, 86% of all resident interactions were social.

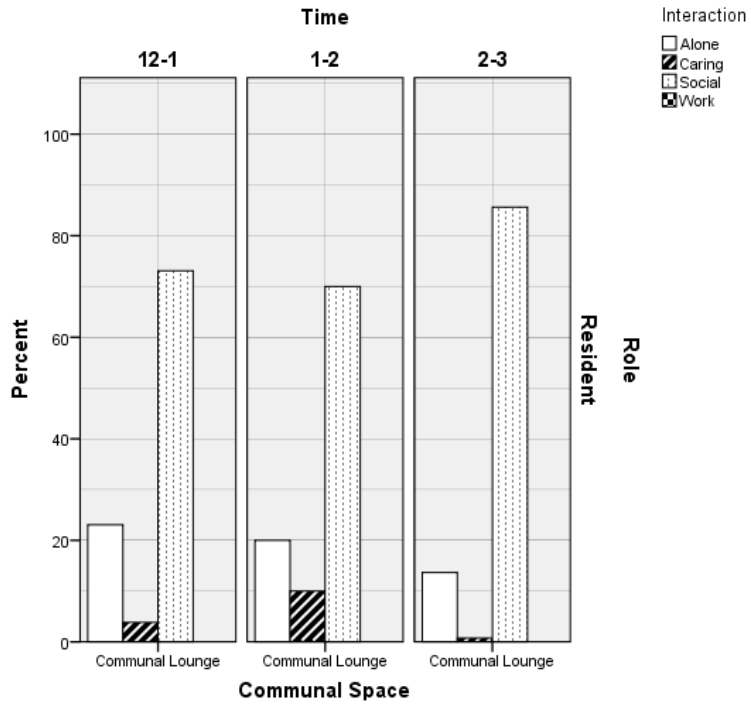


Figure 21. The Hourly Interactions Data for the Extra Care Communal Lounge During the Observation Week (Source: Author, 2019)

Each day, from 1 pm onwards, residents arrived at the communal lounge, mostly in groups. This was acknowledged by the activity coordinator who stated, *"like they've all pretty much*

got their seats, you know, and they come down in pairs, yeah" (Activity Coordinator S9, The Extra Care Setting, November 2018).

A small proportion of residents were brought by wheelchair to the lounge with the help of carers (formal human capital). This is reflected in Figure 21, with 10% of resident interactions between 1 pm and 2 pm classified as caring.

Mutuality in the resident relationships was demonstrated by one resident who stated that the event would make anyone feel better and that those in attendance knew everyone else in the room. *"You can have a chat, cup of coffee whatever and you'll probably feel better its good and everybody knows everybody"* (Male Resident R15, The Extra Care Setting, June 2019). Therefore, residents were able to talk to each other, discuss life and bond while drinking hot drinks each day in the communal lounge in the extra care setting.

The communal lounge was a place for residents to talk, and the daily opportunities could increase the bonding social capital present between the residents. Of all of the communal spaces observed across both schemes, the communal lounge, also featured the highest observation of social interaction. The communal lounge was, therefore, the most sociable place in both LTC settings.

Daily social participation within the lounge suggests that residents had the opportunity to develop shared experiences. Social interaction would also have helped residents to develop bonding social capital. This suggests that the lounge performed the function of maintaining the community due to social participation detailed in Section 2.6.2.

The community also had social norms that helped to maintain social interactions (Section 2.6.1). In the lounge, unwritten rules determined where residents could and could not sit. Each resident had a designated seat, and the other residents respected this seat as they would not sit in the seat. This seating plan was noticed by the handyman in the scheme who stated:

> *There are usually like half a dozen people sitting here, the same people. It seems to be like a habit. The same people I see when I'm going home at 2 o'clock, I see the same people sitting in the same seats chatting away* (Handyman S11, The Extra Care Setting, November 2018).

As the room was built specifically for the residents in the scheme, and the residents had specific seats, there are indications that the room promoted ownership and a sense of belonging (Section 2.6.2).

A further feature of the room that could have helped to develop a sense of belonging was that it was private. This was due to the fact that it could only be accessed by people who had a key card to gain entry to this side of the scheme (see Section 5.2). This suggests that there was a boundary for the community (Section 2.6.3). Only residents who lived on the site were afforded membership. These factors can help to maintain the resident-only community leading to residents feeling like they are members of an exclusive community of place within the extra care setting.

5.4.3 The Communal Lounge – Understanding and Respecting the Importance of Relationships

Afternoon tea was also an event that respected the importance of resident relationships (Characteristic 3 of creating a community in an LTC setting – Section 2.11.1). Residents and staff in the scheme highlighted friendships that had formed amongst the participants in the communal lounge.

The memory support worker also stressed the importance of the communal lounge to the residents in the scheme. She stated:

> *Even if it is only a quarter of the residents, even if you did say that there was only a quarter of them, I think that it is more than that, I think it's a big part of it's a big part of them living here. It is a huge part of them living here* (Memory Support Worker S12, The Extra Care Setting, November 2018).

5.4.4 The Communal Lounge – Enabling Resident Participation Through Roles and Decision Making

Residents undertook roles within the communal lounge that helped the daily afternoon tea run smoothly. A group of residents was tasked with making hot drinks, while others were in charge of handing out biscuits.

5.4.5 Community Capitals – The Communal Lounge Community

Figure 22 details the spiralling up process for the resident-only community in the extra care setting. Capital transformation a, in Figure 22, presents the scenario where the residents in the extra care setting who had built capital (the communal lounge) available to them, were able to transform this capital into a community. The daily afternoon tea event provided by the residents (informal human capital) in the communal lounge (built capital) offered the residents regular socialisation opportunities which helped to generate bonding social capital

between the residents. This bonding social capital spiralled up to create the resident-only community.

For residents with mobility issues to participate in the community, two facilitating capitals were required, financial capital and formal human capital (capital transformation b, Figure 22). Residents had to pay (financial capital) for carers (formal human capital) to transport them to the communal lounge.

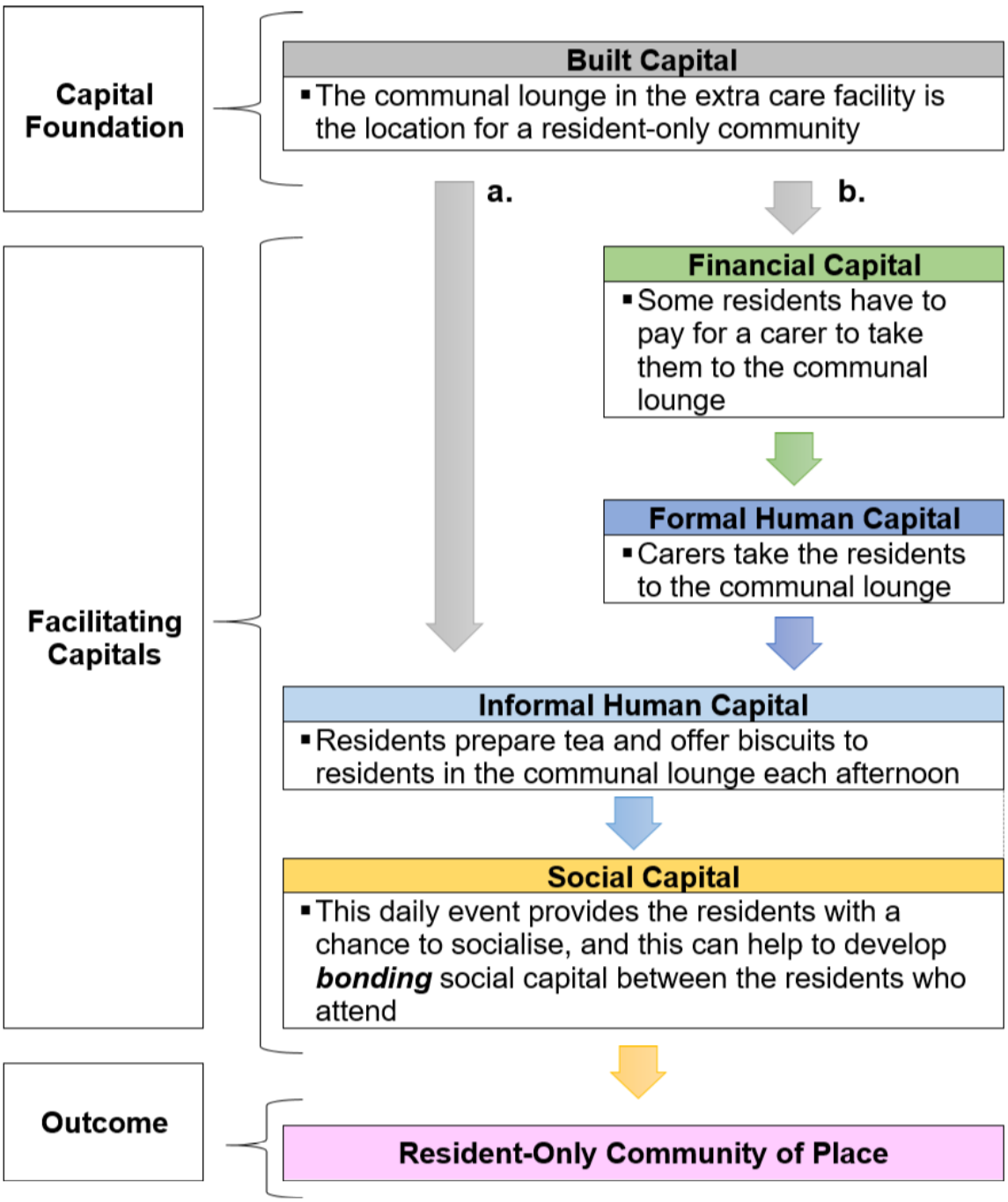


Figure 22. The Capital Interaction Process for the Resident Community in the Extra Care Setting (Source: Author, 2020)

5.4.6 The Facilitators and Barriers to the Development of the Communal Lounge Community

For this community, residents were the main facilitator. The space was available for the residents to use. However, how the residents utilised the space and provided daily events for those living in the extra care setting helped to provide opportunities for the residents to meet. These daily opportunities led to the development of friendships. Therefore, as shown in Figure 22, the built capital (the communal lounge), on its own was not sufficient; it required formal human capital which helped to influence the capital interactions in order to create the community.

In the extra care setting, there was one main barrier that impacted on resident participation in the communal lounge community – the layout of the built environment. Residents believed that the communal lounge was situated in the wrong place in the scheme. *"It should be halfway between the front and back because people living in the front apartments have a hell of a long walk"* (Male Resident R14, The Extra Care Setting, June 2019).

For some residents who lived further away from the communal lounge, they had further to travel. Due to this distance, some residents chose not to go to the communal lounge and did not attend the daily afternoon tea. *"You'll find this side, they come down here, but those up the other side, don't come down here, and it is a shame really"* (Male Resident R15, The Extra Care Setting, June 2019).

For others, their health issues left them unable to go to the communal lounge. They may also not have been able to afford to pay for care to be transported to the lounge. The residents were aware of these issues. *"There are people that never come down here. Some can't get down here, into the lounge"* (Female Resident R11, The Extra Care Setting, June 2019).

If residents could not pay to attend, the number of residents who experience capital transformation b, presented in Figure 22, would be reduced. Residents who lived further away and who could not pay would miss out on daily opportunities for socialisation. This would limit the potential for community members in the extra care setting. Further information about paying for a carer's assistance is explored in Section 6.2.4.2.

In the extra care setting, there was a resident community within the overall scheme community. This community met daily and used the communal lounge as its' community base. Residents who attended the daily afternoon tea expressed positive benefits and enjoyed being there. Although Figure 22 presented two scenarios where having a communal

lounge (built capital) helped a community to grow in the extra care setting, the location of the communal lounge (built capital) was also very important. When creating a community within an LTC setting, the layout of the built environment is an important factor that needs to be considered.

5.5 The Cafés

Section 5.3 introduced the main community of place in the care home, the household communities. In Section 5.4, the main community of place in the extra care setting – a resident-only community who met daily in the residents' lounge – was presented. There was a further feature of the built environment in both schemes that supported community – the cafés. Rather than supporting the development of a single community, however, the cafés functioned as shared social institutions (Section 2.2), that supported the growth of different communities within the LTC community. The cafés also provided the residents with opportunities to participate in community life.

The cafés performed three functions that enabled them to support groups within the community and encourage resident participation in community life. First, the cafés were available to be used as meeting places for groups within the community – including the residents, the staff, family and friends and the wider community. Next, the cafés provided opportunities for residents to have spontaneous encounters. Finally, the cafés enabled resident participation through the adoption of voluntary roles (Characteristic 4 of creating a community – Section 2.12.1).

The following sections introduce the role that the cafés performed as a key component to the LTC community ecosystem. It begins by identifying who used the cafés and their interaction patterns while there. Next, it introduces the role of the cafés as meeting places for people living within the community. After that, it explains how residents were provided with opportunities for spontaneous encounters. The chapter then details the voluntary roles that residents performed in the cafés. To finish, there is a discussion surrounding the facilitators and barriers to resident participation in the cafés in both schemes.

5.5.1 Who Used the Cafés?

In both schemes, the cafés were designed to be community hubs which could be used as meeting places. Different groups of people met in the cafés in the two LTC schemes. In the extra care setting, the café (Figure 23) was used most by the wider public. During the observation week in December 2018, 60% of all of the interactions witnessed in the café involved the public. Only 17% of interactions involved the residents from the extra care setting. The remaining interactions in the café involved staff from the extra care setting (6%), the café staff (13%) and family members of the residents (4%). Therefore, although the café in the extra care setting was designed for use by residents in the scheme, residents from the extra care setting were not the dominant users of the café.

Figure 23. Extra Care Example: The Café (Source: Tithe Lodge Bistro, 2019)

In the care home café (Figure 24), there was an entirely different user composition to that of the extra care setting. First, as the care home was a closed site, there were no interactions observed in the café that involved the general public. Next, rather than the residents playing a minor role, as was witnessed in the extra care setting, residents were one of the dominant users of the café in the care home (29% of all observations). Finally, there were other important café users including the care team (29% of all observations), family and friends (15% of all observations), and the managerial staff (10% of all observations).

Figure 24. Care Home Example: The Café (Source: Author, 2018)

Although the café users differed across the two sites, the gender split of the café users was similar. In both of the cafés, there were higher observations of women (71% in the extra care setting, 61% in the care home) than men (24% in the extra care setting, 39% in the care home). In the café in the extra care setting, children were also observed interacting (5% of all observations). While these gender split patterns are consistent with the demographics of the LTC schemes (see Chapter 4), the high proportion of female observations could also suggest that the cafés were a female-dominated place.

5.5.2 Care Home Cafés – Creating an Environment that Supports Community

Social interaction patterns demonstrated that the cafés were features of the built environment that supported community relations. Observational data highlighted that social interaction was the most common interaction observed in both cafés (66% in the care home and 62% in the extra care setting). This observational data is shown in Figure 25.

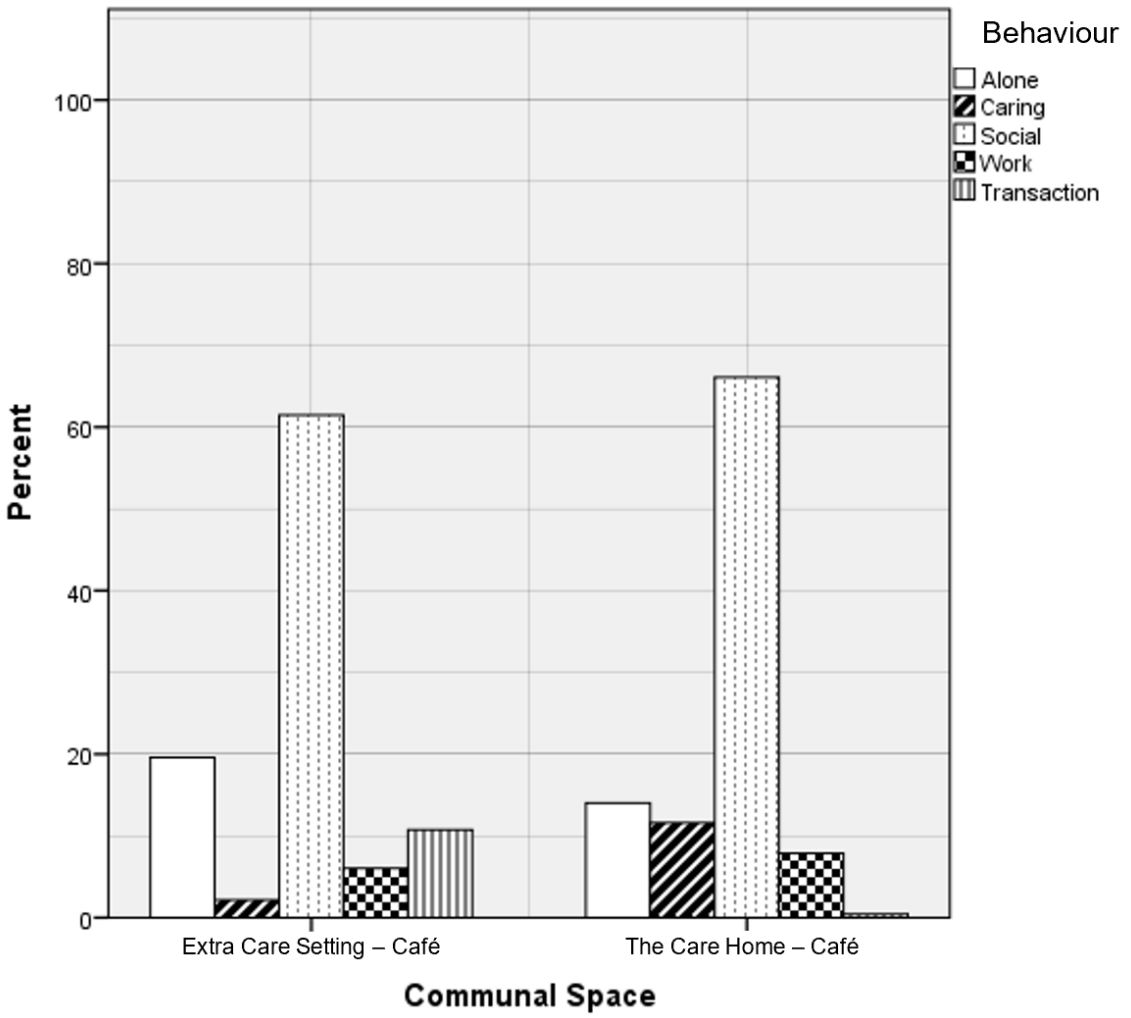


Figure 25. Interaction Data for The Café in the Care Home and the Extra Care Facility (Source: Author, 2019)

A further investigation into the data revealed that the main interaction observed by the dominant café users while in the café was also social interaction. This information is shown in Figure 26. For the general public, the dominant users of the café in the extra care setting, social interaction was the highest observed interaction (accounting for 67% of all interactions involving the public). Resident interactions in both cafés were also mostly social (76% of resident interactions in the care home were social, and 70% of resident interactions in the extra care setting were social). The majority of interactions observed of family members and care staff in both cafés were also social.

Therefore, the data suggest that social interaction was observed to be prevalent in the cafés (a shared space). Based on the community definition detailed in Section 2.5, the cafés, therefore, had characteristics that could help to support community groups within the LTC communities.

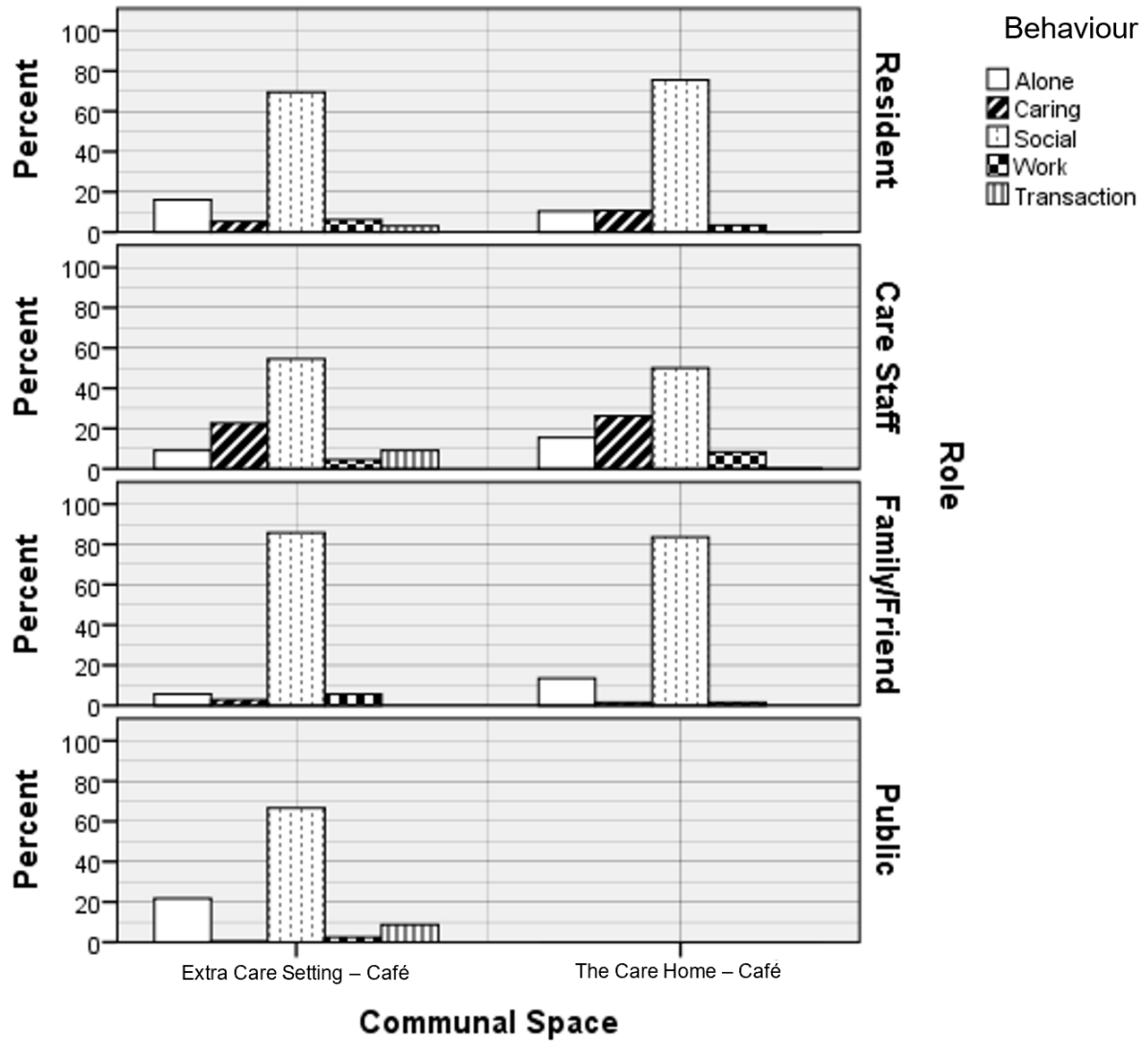


Figure 26. Interaction Data for Groups of People in the Cafés in the Care Home and the Extra Care Setting (Source: Author, 2019)

5.5.3 The Café as a Meeting Place

In the care home and the extra care setting, the cafés were features of the built environment that helped to facilitate relationships within the LTC settings and with those outside of the schemes. The following sections describe the role that the cafés played as meeting places.

5.5.3.1 The Café as a Meeting Place – Care Home Residents Meeting Existing Connections

The first group who used the cafés as meeting places were the care home residents. In the care home, the café was used by residents to meet up with friends that they met while living in the scheme. Residents stated that they liked visiting the café as they considered it much quieter than the communal spaces in their households. Meeting in the café also provided residents with a chance to talk to one and other and relax. This was noted by a female

resident living in the scheme who stated, *"so, this [the café] is the only place that you can relax and talk"* (Female Resident R8, The Care Home, August 2019).

Once residents developed friendship groups in the care home, the café was also said to be used by some as a designated meeting place for their group. Residents stated that they would meet with their friends from the scheme, throughout the day, in the café. This is illuminated in the following quote from a female resident. *"This [the café] is like a meeting place, and we go to"* (Female Resident R1, The Care Home, August 2019).

During the observation week in the care home, utilisation data corroborated the impression that the café was a meeting place that helped to facilitate resident relationships. While in the café, 31% of all of the residents' social interactions were with other residents.

In the care home, the residents also spent time with their family members in the café. During the key informant interviews, all of the interviewees identified the café in the care home, as one of the most popular places in the home for residents visitors to the scheme. A carer also noted that some of the residents family members would visit the residents in their private accommodation before spending time with the residents in the café. This is acknowledged in the following quote. *"They generally come down here first; then they'll take their parent or brother or sister off to the café"* (Female Carer S4, The Care Home, August 2018).

The utilisation data highlighted that while in the café, residents, socialised most with their families (36% of all social interactions). The residents drank hot drinks, talked and joked with their relatives. The utilisation data also revealed that all of the interactions between family and residents in the café in the care home were classified as social.

Throughout the day, in the care home, family members were also influential in the social interaction that occurred in the café. On various occasions during the observation week, family members took the initiative to invite non-related residents to their table. There were examples of family members drinking with the residents, providing opportunities to talk, and one resident's daughter played table tennis with a non-related resident. These activities suggest that similar to the role that the family members performed in household 6 (Section 5.3.3), family members were again a source of informal human capital in the care home. Rather than focusing on caring, however, the data suggested that family members performed a social activity provision role – providing social activities for residents to participate in, while in the café.

The third most popular grouping who socialised with residents while in the café were the care staff (29% of all social interactions). Resident and staff relationships are explored further in Section 5.5.3.4.

The café in the care home provided a meeting place for residents and their existing community groups. Residents met with different groups at different times, indicating that residents could hold membership to multiple communities while living in the scheme. The socialisation patterns between residents and their existing connections while in the café, indicate that these different communities were components of the ecosystem of communities within the LTC scheme.

5.5.3.2 The Café as a Meeting Place – The Extra Care Residents Meeting Existing Connections

The café in the extra care setting was also identified as a location that was used by the residents to meet with their friends from the scheme. Residents stated that groups of residents would socialise in the café. *"I find that there's a lot of residents that are groups of residents that come down, you know, 5, 6 people at a time"* (Male Resident R13, The Extra Care Setting, June 2019).

The residents also socialised with family members while in the café - using the café as a meeting place when recommended to do so by their relatives. A male resident has expressed this in the quote below.

> *Researcher: And what about the coffee shop, do you ever go to the coffee shop?*
> *Male Resident R15: This one here?*
> *Researcher: Yes*
> *Male Resident R15: Er, not so much duck, unless my sister comes in and she wants to go, but otherwise and that, no. I cook my own food I have them more now duck*
> (The Extra Care Setting, June 2019)

Similarly, the extra care setting residents also visited their friends from their past communities of interest in the café. One resident stated that the café was the designated location for her regular meetings with these friends. Another commented that her friends also chose to meet her in the café when they came to visit. *"They'll say I'll meet you in the café, and you know, so that's what we do"* (Female Resident R12, The Extra Care Setting, June 2019).

During the observation week in the extra care setting, while in the café, residents socialised most with other residents (46% of resident social interactions). They also spent time with their family and existing friends (32% of all resident social interactions). The residents socialised less with the care staff (14% of all resident social interactions), and there was limited social interaction between residents and the general public (9% of resident social interactions). These statistics suggest that residents used the café in the extra care setting like a meeting place to meet each other and to meet their family and existing friends.

The café in the extra care setting was also a key component of its community ecosystem. The café offered a location for residents to meet with their existing community groups. It also provided residents with a new landscape for them to continue their past community relationships.

Therefore, the first groups who used the cafés in the LTC schemes were the residents and their existing community connections.

5.5.3.3 The Café as a Meeting Place – Residents Meeting New People

In the care home, the café also provided an additional function for the residents. It was identified as a space where residents could go to meet new people from the care scheme.

Residents believed that going to the café and socialising while down there was, *"the only way to get to know other people"* (Female Resident R8, The Care Home, August 2019). They also believed that *"you wouldn't know no one if you didn't communicate down here; would you?"* (Female Resident R9, The Care Home, August 2019). This was due to the site layout of the care home. As residents were allocated to one of the six households, the variety of facilities available in each household could have meant that a resident would not necessarily need to leave that space. This could have led to a situation where the residents' social interaction opportunities and chances to create new connections were limited to those involving residents in their household. This was the belief of a resident who stated that *"because if you only stayed on the same floor, you're only meeting the same people. Whereas here [the café], you're meeting everyone"* (Female Resident R8, The Care Home, August 2019).

Many residents highlighted that they did have friends from other households and those who did, expressed that they met these residents in the café. This suggests that the café provided a location where residents could go to if they wanted to meet other people from the

scheme. It also provided them with opportunities to create new connections and be members of different communities, outside of the households that they were allocated to.

The café in the care home supported the growth of new resident relationships. It offered the residents opportunities to be members of a café community within the overall care home community. This role that the café performed indicates its' importance to the development of the community ecosystem.

5.5.3.4 The Café as a Meeting Place – Residents Developing Relationships in the Café with Staff

The next group who used the café as a meeting place were residents and care staff in the two LTC schemes. In both schemes, the café was identified as a meeting place that helped to facilitate resident and staff relationships.

The café in the care home provided daily opportunities for residents to develop relationships with the care staff. While in the café, the care staff said that they read papers with the residents, made them hot drinks and did activities with them. *"So, if you're in the café, we are the ones who will make the drinks, we will sit with them, we'll look at the paper together"* (Female Carer S4, The Care Home, August 2018).

The staff also stated that they ensured that the residents' needs were met when they arrived in the morning until they left at night.

> *Well, we come in in the morning, we always try to put some music on in the communal area at first to try to create a nice atmosphere. Often when we come in the morning erm, there's a few residents up, so we will make drinks and put the music on, and then we usually have a word game of the day* (Managerial Staff S1, The Care Home, August 2018).

The actions of the care staff (formal human capital) also helped the residents to create new connections while in the care home café. The care staff stated that they actively encouraged the use of the café by the residents. They also said that they brought residents together. This is an observation expressed in the quote below, by a member of the care home's managerial team.

> *Quite regularly, staff just off their own backs will arrive in the café with 2 or 3 people have a sit down have a hot drink, some chocolates, some snacks, and sit there for half an hour or so and then go back* (Managerial Staff S1, The Care Home, August 2019).

During the observation week in the care home, the café was used as a location for the care team and residents to develop their relationships. This was achieved by providing spontaneous social activities that led to shared experiences (Characteristic 2 of creating a community in an LTC setting – Section 2.10). There were many activities observed in the café. These were organised by the formal human capital, including, the care staff, the lifestyle coach and the managerial staff. The staff provided hot drinks for groups of residents, sat and read from the memory book (a book that features pictures and stories of past events put on in the home) and played music which they sang and danced along to with the residents. These activities performed by the staff represented the providers standards of care, *"1. Play; 2. Be there, 3. Make their day and 4. Choose your attitude"* (WCS Care, 2017b: 1).

Interaction data from the observation week also reflected the mixture of social activity and caring activity observed between the residents and staff in the care home. 60% of resident and staff interactions in the café at the care home were social, while 40% were caring.

Resident and staff relationships developed in the care home café were a further component of the community ecosystem. Section 5.3.5 presented the different community structures available in the care home households. The section identified household communities where residents and staff were the community members. In the café, the data above suggests that residents also had the potential to become members of the café community.

The relationships developed between residents and staff while in the care home café are further indications of a café community featuring the residents and staff. These relationships were commented on by the residents and by their relatives. First, a relative commented on the relationships between the residents and the staff while in the café. This is illuminated in the quote below.

> *They are very caring. We go down to the little café, and every staff member who comes past always stops and says 'Hello [Name], how are you today' and the staff will give him a hug and a kiss on the cheek* (CQC 2020: 12).

Similarly, a resident believed that the staff she spent time with while in the café cared about her, even though they did not work in her household.

> *And when you're in the coffee shop, they'll always say hello and even people who don't care for me that are on other floors, they'll remember your name, and it's lovely really. You do feel part of a community here* (Female Resident R1, The Care Home, August 2019).

The quote above highlights how the actions towards the resident by the care staff while in the café, made her feel as though she was a member of a community. This suggests that while in the café, residents were presented with opportunities to be members of a staff and resident community. This café community is a further feature of the LTC community ecosystem.

In the extra care setting, the café was also pinpointed as a feature of the built environment that provided residents with a location to develop their relationships with the care team. The care team offered a companionship service at the extra care setting. This was a paid-for service where the care staff, "*take them [the residents] out or go to café for lunch, doing things they wouldn't normally do on their own"* (Female Carer S8, The Extra Care Setting, November 2018).

During the observation week, in the extra care café, there were instances when the care team and the residents developed their relationships. I observed the care staff taking the same residents each day to the coffee shop for lunch. During these instances, I witnessed the residents sitting together, eating and talking. On occasion, the care staff would also sit with the residents and engage in conversation with them. The utilisation data showed that in the café, the resident and care staff interactions were split equally between caring and social.

A resident commented on the relationships that she had developed with the care team during the companionships service.

> *I feel I can ask them anything that I've got a query about. And they like I think they must think that I'm their grandma or something, you know they're telling me that they've had a new puppy or a new this that, so it's a nice relationship* (Female Resident R11, The Extra Care Setting, June 2019).

The quote above suggests that the relationships developed between the carers and the residents in the café, were indicative of a café community in the extra care setting, with these two groups identified as members.

In both cafés, social interaction was commonly observed between the residents and the care staff. This suggests that although care staff performed a caring role, that their relationships with the residents extended beyond their job requirements of looking after the residents. Interactions such as these that occurred in the cafés could have, therefore, led to the development of bridging social capital between the residents and care staff. The care team's role in bringing residents together in both cafés could highlight how formal human capital,

the care team, can spiral up, enabling the generation of bonding social capital between the residents. The examples in both cafés show how important the care team were to the café communities.

5.5.3.5 The Café as a Meeting Place – A Meeting Place for the General Public

The final group who used the café in the extra care setting as a meeting place were members of the general public. Section 5.5.1 identified the general public as the dominant users for the café in the extra care setting. During the observation week, there were regular visitors to the café who arrived and left at the same time each day. This included a group of women from the local church. Of all the interactions observed between members of the public in the café, 88% were classified as social. Therefore, the café in the extra care setting offered a location for groups within the community to meet. These community groups formed a part of the community ecosystem within the extra care setting, using the built capital available to them to help support group interaction.

5.5.3.6 Community Capitals – The Café as a Meeting Place

In both of the LTC schemes, the cafés were meeting places for community groups. Residents met their friends from the scheme, their family and also care staff in the cafés. They also had opportunities to meet and socialise with other residents. In the extra care setting, the café performed an additional role, the role of a meeting place for the general public.

Figure 27 presents six capital interaction processes specifying how built capital, in the form of the cafés, was used by community groups as a meeting place in order to help develop relationships and develop communities within the LTC settings.

For the community groups featuring members of the wider public, the built capital was a sufficient capital to help residents to interact. This interaction helped members develop bonding social capital – capital, which helped to facilitate the growth of the community groups. Repeat observations from the wider community throughout the observation week indicate that these community groups were active members of the café community. This capital interaction is described in example f in Figure 27.

Similarly, for residents in both schemes, the cafés also provided a backdrop for their social gatherings. Capital interactions a and d, in Figure 27 highlight how no further tangible capital was required to develop these communities. Instead, the interactions within the café enabled

residents to develop bonding social capital, capital central to the development of these resident café communities.

In the café, however, many community formations did require additional capitals. People helped to facilitate these communities. Capital interactions c and f, in Figure 27 show how the residents and staff café communities required staff (formal human capital) to help generate bridging and bonding social capital. This social capital helped to develop the communities. Likewise, in the care home, capital interaction b in Figure 27 shows how family members (informal human capital), spiralled up to provide residents with opportunities to bond. This helped to create a café community featuring residents and their family members. All of these examples show that intermediary steps can help to create communities that utilise the built environment.

Figure 27, therefore, shows how built capital on its own was sufficient to create three forms of community (capital interactions a, c and e). However, human capital that helped to facilitate interaction through activity enabled residents to become members of multiple communities – helping to create an ecosystem of communities in both LTC schemes.

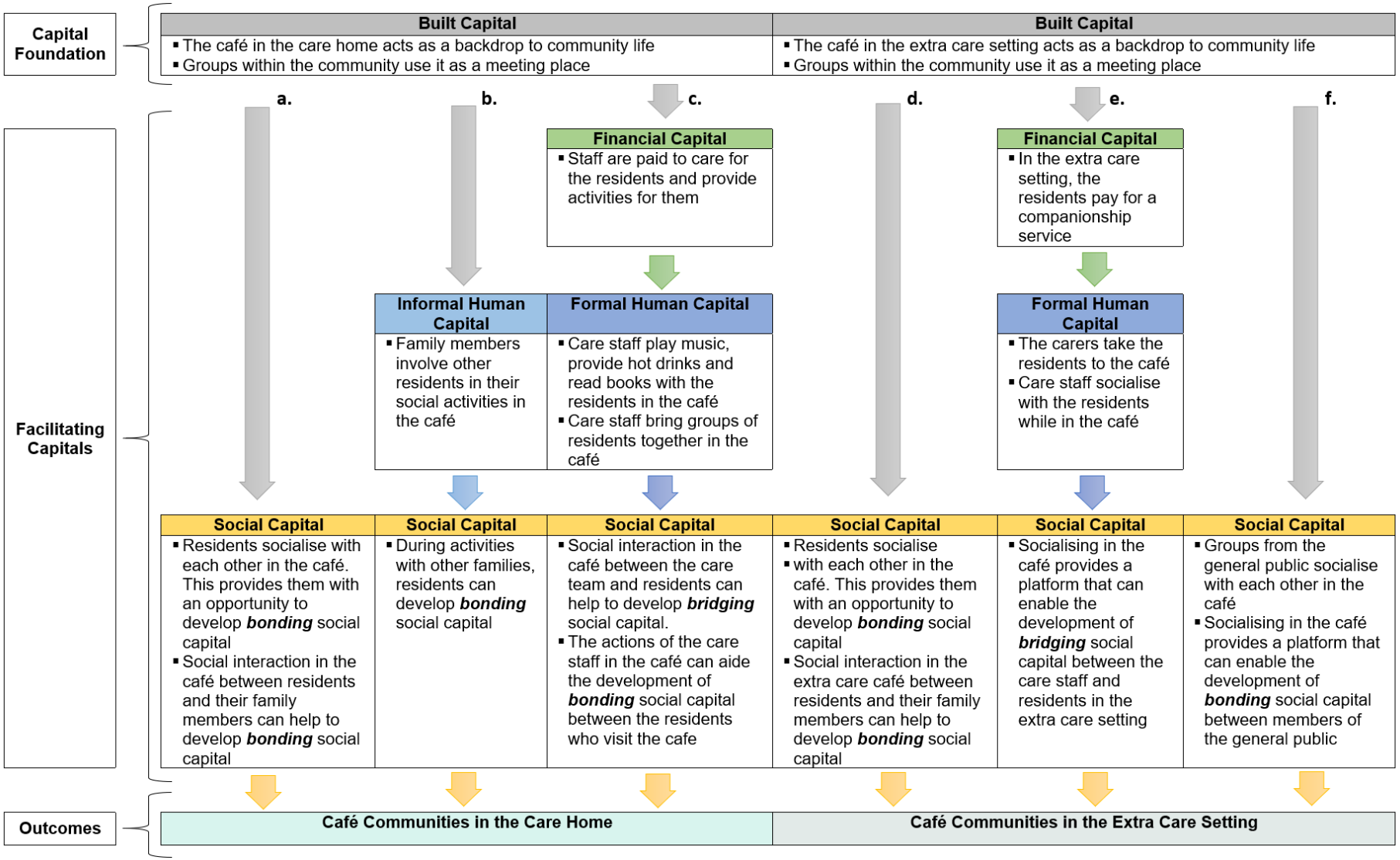


Figure 27. The Capital Interaction Process Showing the Development of the Café Communities in the Care Home and the Extra Care Setting

5.5.4 Spontaneous Interaction in the Café Area

Alongside the role of being a meeting place in the LTC schemes, the cafés played another role. The scheme layout and the range of facilities available to the residents in both schemes provided residents with opportunities to engage in spontaneous interaction. The provision of a variety of facilities also provided residents with an opportunity to engage in community life.

In the care home, there was a much greater variety in the communal facilities available for use by the residents. This is detailed in Section 5.2. Based on reasoning from Section 2.9.3, having a wide range of facilities could have increased the potential for spontaneous interaction in the care home. Appendix Q discusses how the variety of features enabled residents to feel like they were living in a community. It also features expressions of resident enjoyment of the communal facilities in the care home. Residents stated that they enjoyed using the cinema (Figure 28) and the grocery store (Figure 29).

Figure 28. Care Home Example: The Cinema (Source: Author, 2018)

Figure 29. Care Home Example: The Grocery Store (Source: Author, 2018)

During the observation week in the care home, there was mixed usage of the communal facilities, however. Some residents used the grocery store. Residents visited the store to get sweets. Each day, care staff would also go into the store to get ingredients for lunch and dinner. While in these facilities, there was limited resident interaction observed. This information is described further in Appendix Q.

One communal facility that proved popular and provided opportunities for spontaneous encounters in the care home was the hairdressers (Figure 30). It was only open on Wednesdays. Nevertheless, it was busy from when the hairdressers arrived until the time they left. Female residents lined up both inside and outside the shop, waiting for their hair to be done. A male resident also had his hair done. The hairdressers talked and socialised with the residents while doing their hair and talked to the residents who were waiting to be seen. This suggests that for residents who regularly visit the hairdressers, they have an opportunity to develop bonding social capital with other residents who visit. They also have opportunities to develop bridging social capital with the hairdressers. The socialisation observed within the hairdressers between the residents, and the staff suggests that the hair salon was another component of the ecosystem of communities within the care home – a further community that residents could be members of.

Figure 30. Care Home Example: The Hairdressers (Source: Author, 2018)

Overall, the communal spaces and the facilities in the care home offered variety for the residents, providing normality and things for the residents to do. There were indications that the residents liked to use some of the communal facilities, such as the grocery store and the hairdressers. The café was the most popular communal space in the care home, however.

In the extra care setting, although the café was built at the heart of an existing community, the utilisation data suggests that the residents did not benefit from having spontaneous encounters. Further information and the utilisation statistics that support this assertion is presented in Appendix P. Section 5.5.6 also explores the factors that contributed to the lack of spontaneous encounters in the extra care café.

5.5.5 The Cafés – Enabling Resident Participation Through Roles

The cafés had a final role to play in both schemes. The cafés provided residents with opportunities to participate in community life by allowing them to undertake voluntary roles (Characteristic 4 of creating a community in an LTC setting – Section 2.12.1). In the care home, the self-service nature of the café (Figure 31) meant that there were no designated staff to make hot drinks for residents. Some residents were unable to make drinks for themselves. Informal human capital, in the form of fellow residents, was utilised sometimes in these situations.

> *I try to help the other patients who have got dementia. And since I've been more mobile, I will get them a coffee if they do not know how to use the machine and that sort of thing. I'm always moving the dirty cups, but that's me. It's, that's how I am* (Female Resident R1, The Care Home, August 2019).

The quote above highlights that the more able residents not only helped those who needed help, but they also cleared up dirty crockery to ensure that the café was clean. This suggests that residents were an important source of informal human capital in the café and that they had an impact on the experience of others in the café.

Figure 31. Care Home Example: The Self-Serve Coffee Machine (Source: Author, 2018)

There were also further sources of informal human capital in the self-serve café in the care home. Residents developed a routine in the café. Some residents took it upon themselves to ensure that the environment was suitable for their friends before they arrived.

> *They come down every morning, and I try and put a cushion on their chairs, and I try and get them one of these glasses because they're at a premium, they go quickly. I try and get them their favourite biscuits and that* (Female Resident R1, The Care Home, August 2019).

This quote suggests that residents offered support to each other while in the café. The residents' supportive human capital traits could have enhanced the development of bonding social capital between the residents while in the café. The voluntary roles of the residents and the support that they provided, suggests that resident volunteers helped to enhance the resident café community first presented in Section 5.5.3.1.

In the extra care setting in the café (Figure 32), informal human capital was present in the form of a male resident. He volunteered in the café, and this volunteering gave him a sense of purpose. He helped to deliver hot drinks and food, tidied up and while in the café; he socialised with residents, café workers and the general public.

Figure 32. Extra Care Example: The Café (Source: Tithe Bistro, 2019)

The resident volunteered as it was something that he wanted to do. His contributions to the café did not go unnoticed by his fellow residents. This point is reflected in the following quotes. "*You are a vital element of this place, because of everything that you do, and you do it without being asked"* (Male Resident R14, The Extra Care Setting, June 2019). *"I think that you're ever such an asset to that café"* (Female Resident R12, The Extra Care Setting, June 2019).

Therefore, by volunteering in the café as informal human capital, the male resident experienced bonding between himself and the other residents who visited; and bridging capital between himself and the wider community who visited the café.

Both facilities offered different routes of volunteering for residents. In the care home, the female resident helped people in the coffee shop and helped her friends. This helped to enhance the café community. In the extra care setting, the male resident was able to help in the café and had opportunities to interact with the wider community.

5.5.5.1 Capital Interaction – Resident Roles

In both of the cafés, the residents could participate in community life. In the extra care setting, this was focused predominantly on resident volunteering. In contrast, due to the wide range of communal facilities in the care home, the residents had an opportunity to live as though they were still in a community.

Figure 33 first presents a scenario where residents helped to transform the built capital (the cafés) into supportive environments. Capital interaction a shows how through the actions of the residents (informal human capital) friendships were developed, which helped to enhance the café community in the care home.

Capital interaction b in Figure 33, demonstrates how the hair salon was the backdrop for a community within the LTC scheme. In this instance, the diagram highlights how built capital was a sufficient capital for developing a community within the hair salon – featuring residents and the hairdressers.

In the extra care setting, capital interaction c in Figure 33, shows how the café (built capital) was used to help develop community connections. The resident volunteer (informal human capital) helped to serve food in the extra care setting. During interactions with other residents, bonding social capital can develop. In the extra care setting, there was the added potential for bridging social capital to develop between the resident volunteer and the general public.

Figure 33 displays two things. First, it shows how built capital (the cafés) helped to enable resident participation in the LTC facilities. The diagram demonstrates how residents chose not to rely on the care team, instead, becoming influential members of the care home café communities. This highlights how the café communities were not just created for the residents, that the residents created them. Next, Figure 33 shows how further features of the built environment – the hair salon – helped to develop resident relationships and form another community that was a component of the community ecosystem.

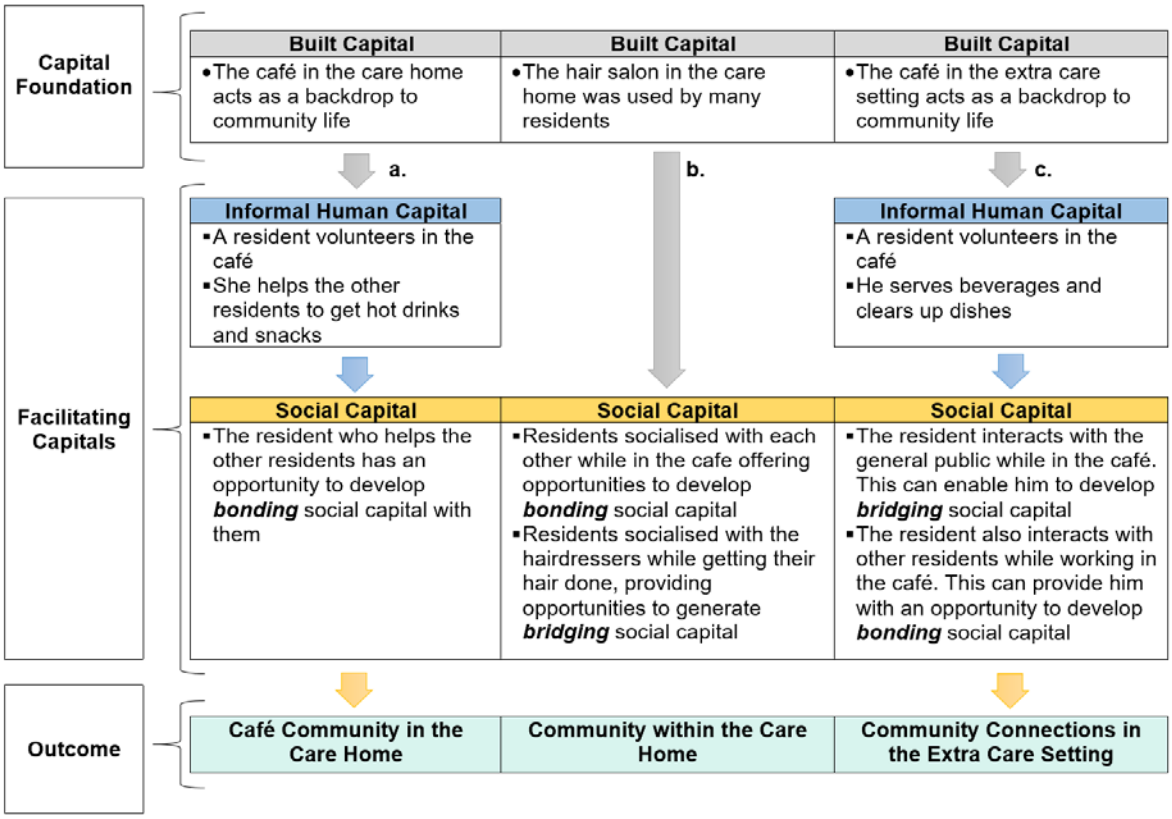


Figure 33. The Capital Interaction Process for Spontaneous Interaction and Volunteering in the Cafés (Source: Author, 2020)

5.5.6 The Facilitators and Barriers to Resident Participation in Café Life

The residents in both schemes used the cafés to meet with other people, engage in spontaneous encounters and some residents even volunteered in the cafés. Utilisation data presented in Section 5.5.1, suggested, however, that there was high usage of the café by residents in the care home in contrast to lower usage of the café by residents in the extra care setting. Two main barriers to resident participation that could account for the differential resident usage of the cafés were identified. These were the notions of ownership and independence. The next two sections introduce a discussion surrounding the impacts of ownership and independence on resident usage of the scheme cafés.

5.5.6.1 Ownership of the Café

In the care home, the café was viewed as a place where residents liked to visit. It was open all hours, and residents could help themselves and did not have to pay to eat or drink while there. The residents were able to choose when they visited, and it also created a sense of freedom and control for the residents. These ideas are reflected in the quote below.

> *I mean you can go and have a coffee when you feel like it. I mean, excuse me. You don't always feel like eating and drinking at the same time, which I never did do, but erm, after I've had a meal, I can go and sit down there and have a coffee and relax* (Female Resident R4, The Care Home, August 2019).

This led to some residents in the care home believing that the café had been built around them and for them, so they could use it whenever they pleased. These factors helped to facilitate the café communities.

In the extra care setting, the opposite was true. The café was only open for a set amount of time each day. It was also created at the heart of an existing external community, so it could be used by everyone and not just the residents. This led to the café being seen by the extra care residents as a place that was designed to serve the external community rather than for the residents. The residents also believed that it was used more by the 'outsiders' than those who lived in the scheme. The residents in the extra care setting also had a private communal lounge that was created for them (see Section 5.4). Added benefits of the communal lounge included free hot drinks and guaranteed daily opportunities to meet other residents. This was not the case in the café.

Consequently, different types of people used the two cafés. This factor could potentially influence the ideas on who owned the café in the two LTC schemes. The café in the care home could be seen as a place for residents, while the café in the extra care setting could be represented as a place that was for others. This is the first factor that can help to explain the disparity in the utilisation statistics for the two cafés.

5.5.6.2 Independence

The second factor that could have influenced the residents' use of the cafés was the idea of independence. Once residents enter a care home, some require 24/7 care, and they lose a lot of the freedoms and independence that they may have once enjoyed. Most residents were unable to leave the scheme unaccompanied. Deteriorating health also led to changes in the routines of some residents. It produced an increasing reliance on staff by some residents in order for them to complete their activities of daily living.

The care home self-serve café, however, was used by residents to help them to reinforce their sense of independence. This was because in the café residents could make their own hot drinks, get biscuits and snacks, and it provided them with an opportunity to do things for themselves. The café also allowed residents to make choices. They could choose to do as little or as much as they wanted to do while in the café. To be alone or socialise.

The informal nature of the café meant that residents did not need to engage in conversation actively; they could partake in personal hobbies, merely enjoying the surroundings. This was a factor introduced by a resident in the quote below.

> *I sit and do my puzzles and sometimes, a bit of knitting or, read a; I've got a good book on at the moment, but you know, it's nice to have the, even if you're not talking to people in the café, it's nice to have the ambience there* (Female Resident R1, The Care Home, August 2019).

During the observation week in November 2018, 10% of the resident observations in the café were categorised as alone – doing recreational activities. While sitting alone in the café residents participated in recreational activities, such as reading the newspaper. Residents also played games on their mobile phones, completed crossword puzzles and sat and drank drinks alone. This suggests that the café provided an environment that allowed residents to make choices and pursue activities that interested them. It also highlights the fact that being alone may not always be negative and can be a positive choice.

In the extra care setting studied, the café had completely different connotations for the residents. Rather than independence, the use of the café suggested that an individual was dependent on the scheme. For instance, individuals who used the café may have done so for daily meals. "*We've got some customers that use it for lunch, some that use it for breakfast and some that use it as like er, they have a late lunch before it closes"* (Managerial Staff S10, The Extra Care Setting, November 2018).

Residents who could cook discounted the idea of using the café as they had their own facilities. If they needed to eat, they would do so in their own homes. "*I do occasionally [go to the café], but I certainly don't have to rely on going in there for my meals"* (Male Resident R14, The Extra Care Setting, June 2019).

They also believed that if a resident did go to the café, it was because they wanted to have company. One resident believed that he did not need to seek out the wider community to find this company. "*A lot of people go down there because they want company and they'll buy a cappuccino just to get company. I'm not boasting, but I'm never short of company, so I don't need to go in there"* (Male Resident R14, The Extra Care Setting, June 2019).

The quotes above illuminate the idea of choice and the alternatives afforded to more independent residents who live in an extra care facility. Those residents who were able to cook could choose to use the café, while those who had health issues and disabilities, might

not have that choice and the café may have been their only option to receive food while in the scheme.

Therefore, the cafés represent a contrasting vision. In the residential care home, the café empowered and helped to reinforce independence, while in the extra care setting, use of the café could suggest a form of dependence by residents on the scheme. While the ideas of independence could have prompted residents to use the café in the care home setting, the negative connotations of dependence could have presented a barrier to residents using the café in the extra care setting.

5.5.6.3 Issues with the Care Home Café

Although the café in the care home was regarded as inclusive and a place where residents could come together and socialise with each other, with their families and with staff; for some residents, the café was seen as a daunting place. In Section 5.5.3.2, the café was introduced as a meeting place for residents to meet new residents. A female resident believed, however, that going to the café required courage. When she first moved in, she would only go to the café at night when her son visited. Once she built up the courage to visit, she was able to reap the benefits and the sense of belonging that accompanied her being accepted into the café community.

This could suggest that although there may be opportunities to socialise in the café, not every resident would feel comfortable to visit the café alone. For one resident, at the time of the interview, he had yet to visit the café – expressing a preference for the cinema which never had any other residents in when he went to visit. For another resident, she chose not to visit the café as she saw no benefit from going there. When she had visitors, they went directly to her room. Therefore, people may be scared or choose not to go to the café, so they could miss out on opportunities to socialise in the care home.

5.6 Chapter Summary

This chapter aimed to analyse the role of built capital in the creation of communities in both LTC schemes. I identified four communal spaces that led to the growth of communities of place in both LTC settings. The first were the households in the care home setting. Next, the residents communal lounge in the extra care setting led to the growth of communities of place. The final communal spaces that led to the growth of communities of place were the cafés in both schemes.

In the care home, the households functioned as an ecosystem of communities. Although each household had the same built capital, different combinations of the other capitals offered the potential for the growth of different community groups within the households. A key characteristic of this household community ecosystem was that individuals had the opportunity to be members of multiple communities, both concurrently and sequentially.

In the extra care setting studied, a group of residents transformed the communal lounge into a resident-only community. This group helped to create daily afternoon gatherings, leading to the development of friendships and a resident-only community in this setting.

I also discovered the role of the cafés in both schemes. The cafés were identified as meeting places that could support the growth of lots of different groups within the two communities – helping to develop an ecosystem of communities. In the extra care setting, this meant that the residents could be members of the residents' lounge community alongside holding membership to different café communities. Similarly, in the care home, residents had the opportunity to be members of the household communities as well as being members of the café communities. The care home café and the other facilities such as the hairdressers provided an additional role, enabling residents to participate in community life.

Across all communal spaces, the ideas of ownership and belonging were important. In the households in the care home and the communal lounge in the extra care setting, residents having ownership over the built environment created a sense of belonging. This factor can enhance the sense of community within both settings.

This chapter revealed that in some instances, the built environment was a sufficient capital to help facilitate the growth of communities within the observed LTC settings. It was the actions of others, however, and the human capital in the two LTC schemes that helped to transform built capital into communities. Formal human capital, the care staff, helped to facilitate conversations and were important in the development of the relationships between residents. This was observed in the households (Figure 19) and in the cafés (Figure 27).

Resident volunteers (informal human capital), were also an important facilitator. For the communal lounge in the extra care setting, the community relied on the resident volunteers (Figure 22). Without them, the daily afternoon tea would not exist. In both cafés, residents also helped others to participate in community life (Figure 33). This demonstrates that residents were important sources of support in both LTC settings.

The next chapter focuses on the role of human capital in the development of communities of interest in the two LTC schemes.

Chapter 6 – Opportunities for Social Activities and Shared Experiences

6.1 Introduction

Chapter 5 investigated the role of the communal spaces in the two LTC settings. It explored how residents living in both schemes used the communal spaces. In both schemes, there were place-based communities that relied on the communal spaces (built capital). The chapter recognised that built capital (the communal spaces) on its own was not always sufficient to create a community within the LTC settings. As well as being the key constituents of a community, people (human capital) also helped to create, sustain, and grow communities. They were very important facilitators to the growth of communities within the communal spaces. Other people were also influential in the residents' experiences of community life within the schemes. This chapter explores the role of human capital in other communities within the LTC settings. It examines how communities were created in the two LTC facilities based on Characteristic 2 of creating communities within LTC settings – opportunities for social activity and shared experiences, identified in Section 2.10.

The LTC settings offered opportunities for social activities. The residents from each LTC scheme could participate in three forms of social activity – regular social activities, special events and activities outside of the scheme. This chapter begins by introducing the main form of social activity available for the residents in the two schemes, regular social activities. The opportunities for residents to participate in regular social activity in both settings were split between scheme-run and resident-run activities. Both forms of regular activity are analysed and discussed, and the possibility for them to lead to communities of interest is evaluated.

Next, the chapter explores the one-off special events that residents in both schemes had available to them. It introduces the idea that special events can help to develop the overall LTC setting community. The chapter then presents the final form of social activity available to the residents, participation outside of the scheme. This section explores the external activities that were available to the residents living in the extra care setting.

After this, the chapter explores the social networks of two residents living in the extra care setting, identifying the sources of support available to the residents both inside and outside of the scheme. The barriers and facilitators to external support are also discussed. It is important to note that as this research took place before the pandemic, that in this chapter,

the discussion surrounding the residents' social networks reflect the situation before the COVID-19 regulations were put into place.

The final section of this chapter presents and discusses a community ecosystem model featuring the communities identified within the LTC settings in this chapter and in Chapter 5. The model features the facilitators and barriers to communities within the LTC schemes.

6.2 Opportunities for Social Activities – Regular Social Activities

In the care home and the extra care setting, the residents had many opportunities to participate in social activities and generate shared experiences (Characteristic 2 of creating a community – Section 2.10). Both schemes provided regular clubs and events which were free for the residents to attend. In the care home, regularly available activities included daily walks, a cooking club, a dominos club, a crochet club, a relaxation club, a gardening club, cinema showings, and table tennis. In the extra care setting, activities on offer included quizzes, bingo, skittles, a craft club and film showings. In both of the LTC settings, activity calendars were available to be viewed by the residents detailing the activities that were on offer, when they were on offer and their duration. Further information about the activity calendars available in both schemes is presented in Appendix R.

Scheme-run social activities were managed and coordinated through the use of formal human capital. Formal human capital refers to individuals who receive monetary remuneration for their role, such as a salary. Salaried job roles were created in both schemes for the sole purpose of promoting social interaction and connectedness. In the care home, the lifestyle coach was the main source of formal human capital responsible for creating social activities for the residents. She was required to organise at least three activities for the residents each day of the week (WCS Care, 2018b). In the extra care setting, the activity coordinator undertook a similar role, organising regular clubs and events for the residents.

6.2.1 Scheme-Run Social Activities

In both schemes, staff members were employed to provide regular social activities for the residents. Among the list of available activities in each setting presented in Section 6.2, are interest-based activities, such as the gardening club and the crochet club. When residents attend clubs based around shared interests, it can lead to the development of communities of interest (Section 2.10). It is these shared interests that bind the community together (Section 2.5.3).

As the clubs were a regular weekly feature, residents had the opportunity to have regular social interaction. This interaction between residents can generate bonding social capital. Weekly meetings also meant that residents had the opportunity to generate regular shared experiences. Section 2.3.3 highlighted that it is these shared experiences that can help to maintain a community of interest. Therefore, each setting used staff members to provide social activities that brought people together who had shared interests. This created opportunities for communities of interest to develop in both schemes – communities that would feature in the LTC community ecosystem.

6.2.2 The Residents' Influence on Scheme-Run Social Activities

In both schemes, the communities of interest identified in Section 6.2.1 were created by the schemes for the residents. To create communities that the residents would be interested in being members of, the LTC settings adopted Characteristic 4, enabling resident participation through decision making, identified in Section 2.12.2 as one way to create a community in an LTC setting. To do this, the schemes encouraged the residents to make decisions about the social activities that were on offer.

To understand what social activities the residents were interested in attending, both schemes offered different avenues for the residents to be involved in decision making. In the extra care setting, the activity coordinator used informal methods to determine what activity's residents were interested in doing. She asked for the residents' opinions on current and prospective activities. She used the feedback to plan activities based on what residents would want to do and what activities she believed they would attend. She also reviewed the attendance of events to gauge their popularity. She revealed that with activities, "*we try it for three weeks; if nobody turns up, we'll switch it and try something else"* (Activity Coordinator S9, The Extra Care Setting, November 2018).

In the care home, the lifestyle coach and the activities that she provided were also influenced by the residents' interests.

> *This is so much what the residents would like. They will tell me if something isn't working, which is quite good. It's a bit of a comedown, but at the same time, these activities are centred around the residents' needs and not mine* (Lifestyle Coach S6, The Care Home, August 2018).

Both schemes also used formal methods to gauge resident interest. In the care home, there were regular quality surveys completed by residents and their relatives. In the extra care

setting, there were monthly resident meetings. Further information about these formal methods of activity evaluation is detailed in Section 6.2.4.3.

Therefore, although clubs and activities were arranged by the lifestyle coach and activity coordinator as a requirement of their job roles (Section 6.2), the residents had an input into the provision of activities. The activities that were put on were chosen for the benefit of the residents. Involving residents in decision making indicates that residents had influence and political capital. This political capital created a foundation for communities of interest that residents would be interested in joining within the home (Section 2.12.1).

In both schemes, the residents were also able to influence the agenda for the scheme-run clubs. This demonstrated their continued involvement in decision making concerning social activities provided by the schemes. In the cooking club in the care home that was held in the kitchen of a household, for instance, the residents could choose what they wanted to cook each week. The lifestyle coach went through recipe books with the residents to plan the food they would cook in the coming weeks. This process is introduced in the quote below.

> *They can't come up with anything at the moment, but what we have suggested is what if I bring in some cream cakes on Monday, sit down with our cooking books and start looking and planning ahead. So that's what we're doing on Monday's cooking club, planning ahead for future weeks because you've got Halloween coming up, you've got Christmas coming up and different things, so we try to accommodate different months whatever is going on in that particular month, you know* (Lifestyle Coach S6, The Care Home, August 2018).

For the quizzes in the extra care setting, the residents could suggest themes for the quiz for the upcoming week. These actions in the care home and the extra care setting coincide with the fourth principle of creating communities in LTC schemes listed in Section 2.12.2 – enabling resident participation through decision making.

Both quizzes and the cooking club were deemed popular by the residents and staff in the schemes. Quizzes in the extra care setting were considered successful by the scheme staff. Due to their popularity, their frequency increased from once every two weeks to once a week. The Activity Coordinator explained this in the following quote. "*The quiz is something that goes on every week as it is so popular"* (Activity Coordinator S9, The Extra Care Setting, November 2018).

Quizzes were also an event that residents looked forward to attending. This was a point picked up by a male resident. "*A lot of people look forward to the quiz, which is here, that's relatively well attended"* (Male Resident R14, The Extra Care Setting, June 2019).

Similarly, out of all of the clubs on offer, the lifestyle coach in the care home believed that the cooking club was the club in which the residents had the most fun. She believed that the residents:

> *like to come because we have a lot of banter. There is cups of tea, and we just have a really good time in that hour. I mean all the clubs that we run; we do all have a good time. But I think sometimes the cooking club, yeah, we have a better laugh in the cooking club you know* (Lifestyle Coach S6, The Care Home, August 2018).

Involving residents in the decision making led to a selection of social activities that residents were interested in attending. This led to sustained attendance, which provided regular opportunities for residents to have shared experiences. These shared experiences can help to build and maintain communities within the LTC settings. These communities of interest would be components of the community ecosystem in both of the LTC settings.

6.2.3 Community Capitals – Scheme-Run Social Activities

Figure 34 displays the spiralling up process for the communities of interest based on the scheme-run social activities offered in both settings. Segment a features the founding capitals, b the facilitating and Segment c displays the outcomes of the community capitals spiralling up. After identifying the community's residents would want to attend (Segment a), the LTC settings then had to find people who could provide activities, support residents and a location for these communities to be held (Segment b). These activities helped residents and staff to develop social capital (Segment b). This social capital spiralled up to Segment c, communities of interest in both schemes. Segment b in the diagram, therefore, highlights that once activities are created based on the residents' interests (Segment a), there are further inputs of capital required in order for them to be successful and spiral up to communities of interest (Segment c).

The diagram emphasises the importance of the influence that residents had on the creation of communities of interest in both schemes. This is demonstrated by Segment a in Figure 34, which lists the residents' political capital as the founding capital for these communities. For the scheme-run social activities, the political capital of the residents influenced what activities occurred and what the residents did while at the activities. Segment a in Figure 34

is important as it is the impetus for these communities of interest. Without the founding capital (Segment a), there would be no communities.

While residents' influence is the founding capital, it is also a capital that impacts on the sustainability of communities of interest. In Section 2.5.2, Neal (2013) argued that sustained interaction was necessary to maintain a community. This suggests that residents' influence is not only important at the creation stage of a community, but it is also important during the lifecycle of a community. The diagram, therefore, shows how important it was to gauge the wants and needs of the residents in order for the LTC settings to create interest-based communities and for them to be maintained.

The next feature of Figure 34 is Segment b, the facilitating capitals. In both schemes, the scheme-run activities required formal human capital (activity coaches) to be facilitators to these communities. This required staff to be paid (financial capital) to provide the activities. Built capital was also a facilitator to the communities as the activities required a location for them to be held. For most activities, the location was flexible, for other clubs such as the cooking club, the built environment needed to have specific features, such as cooking equipment, for the cooking club to run. In order to overcome this issue, the cooking club was held within the same household each week. This suggests that in the care home, the household communal spaces were multifunctional. Alongside supporting a household community (Section 5.3.4), they could also support a community of interest. This further indicates the complexity of the community ecosystem, with an interest-based community having its foundations within a household community of place.

The final facilitating capital to the communities of interest that is displayed in Segment b in Figure 34 are the social capitals. Figure 34 shows how the group activities and interaction that occurred in the clubs between residents help to lead to a growth in bonding social capital. Social interaction during scheme-run activities, such as in the cooking club as described by the lifestyle coach in Section 6.2.1, are indicative of the opportunities that these clubs had in helping to aid the growth of bridging social capital between residents and staff.

Due to the variety of scheme-run clubs and activities available to the residents in both schemes, Segment c – the outcomes – demonstrates that there were many communities of interest that featured in the LTC community ecosystem. Spreading the activity provision throughout the week, also offered residents the opportunity to be members of multiple communities of interest in both schemes. The idea of being a member of multiple communities of interest is explored further in Section 6.7.

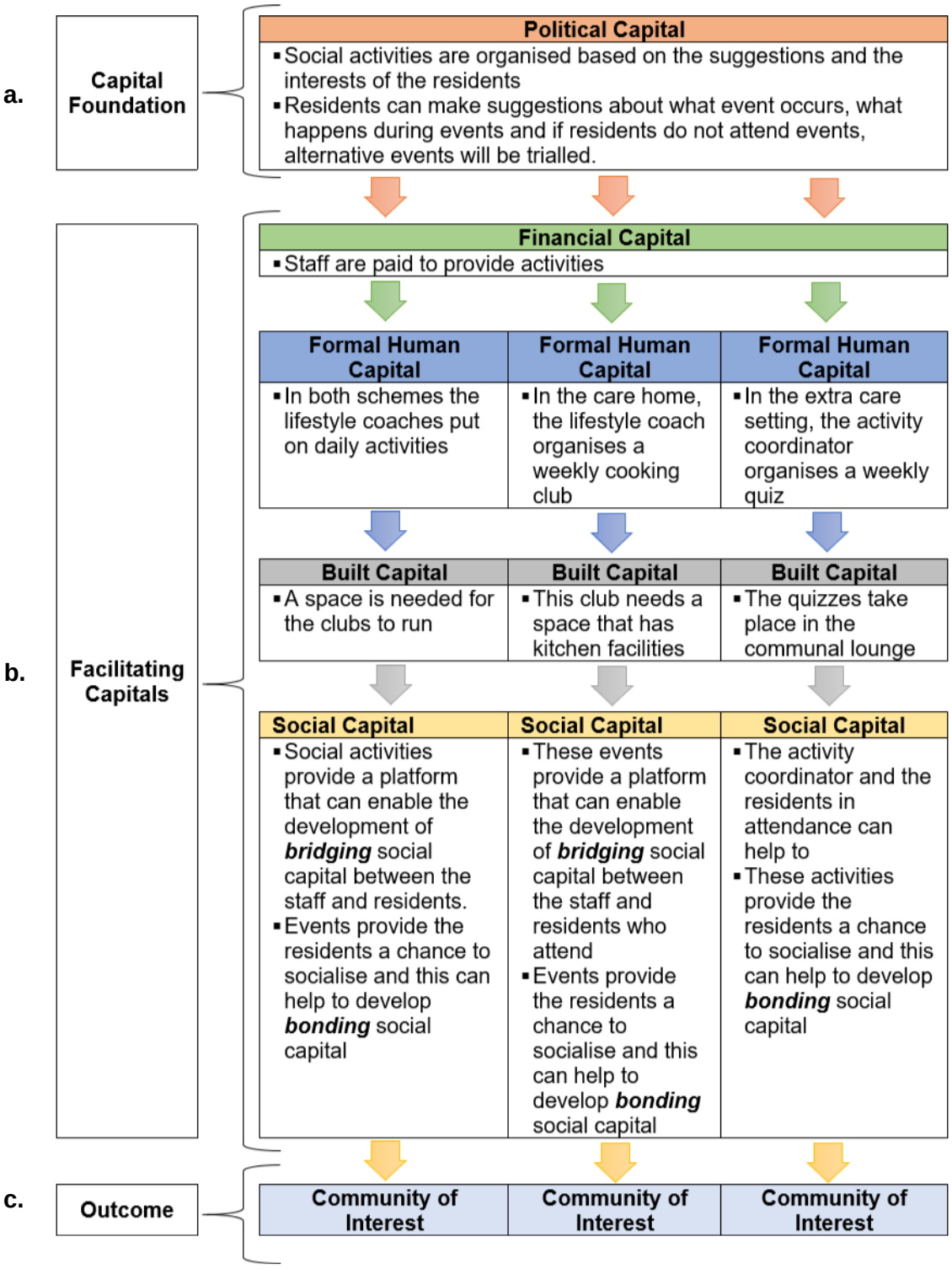


Figure 34. The Capital Interaction Process for Scheme-Run Social Activities (Source: Author, 2020)

6.2.4 The Facilitators and Barriers to Resident Participation in Regular Social Activities

Section 6.2 identified how scheme-run social activities had the potential to lead to communities of interest in both schemes. There were facilitators that helped to develop these communities and barriers that hindered their growth.

The main facilitator to these communities were the lifestyle coaches. The coaches helped to provide regular social activity opportunities for the residents living in both schemes. This coincided with their job roles, with the activity coordinator from the extra care setting tasked with the challenge of providing a "*varied programme of activities suitable for older people*" (Orbit, 2018: 1), while the activity coach in the care home was expected to help the residents "*to continue to engage in their interests*" (WCS, 2018b: 1). In Figure 34, the presence of these individuals in Segment b demonstrates how formal human capital was important in helping to create and develop communities of interest within the LTC community ecosystems. Further facilitators to the communities are presented in Segment b in Figure 34.

Four barriers that could have had an impact on resident participation within these communities were identified. They were communication, the health status of residents, the residents' choices and the partial engagement of some residents in the decision-making processes. Each barrier is explored below.

6.2.4.1 Communication

The first factor that limited resident participation in the social activities provided by both schemes was communication. Suppose information about the events was communicated to residents in a manner that increased their awareness and motivated them to attend. In that case, it could increase the attendance of residents at these events.

During the observation week in the care home, in October 2018, however, it was apparent that communication was a barrier to resident participation in scheme-run clubs. This was because there was an overall low take-up and sometimes the non-existence of planned events. At the scheduled observation intervals, I would arrive at the locations listed on the times stated on the activity calendar, and many clubs did not run. There was no organiser, and there were no participants. This could be reflective of the low ratings given in the 2017 Annual Quality Survey for the care home. Social activities were rated 5.7 out of 10, while interests and hobbies were rated 5.1 out of 10 (WCS Care, 2017a). I was, however, able to observe the crochet club and relaxation club. Only one resident was present in each club, alongside the lifestyle coach. A resident also acknowledged their lack of awareness of

events stating that *"there's not that much activity going on really"* (Female Resident R1, The Care Home, August 2019).

In the care home, activity calendars were used to communicate information about the social activities available to the residents. In many instances, the calendars replaced direct communication with residents about potential social activities. Non-attendance to events as experienced during the observation week could suggest that calendars were not an appropriate communication method.

In the care home, the lifestyle coach also emphasised that she went through the activity calendars with new residents when they arrived (see Appendix R). During an interview with a short-stay resident, he confessed that he was completely unaware of the activities on offer. He also explained how he had not heard about the events and did not know that there was an activity timetable operating at the care home. Once he found out more about the various clubs, he had a keen interest in attending the events. This interest is demonstrated in the following quote. "*Yes, I'd very like to go and even if I only just come down and watch. You've got somebody with the same interests. You know"* (Male Resident R10, The Care Home, August 2019). This suggests that the lifestyle coach in the care home did not communicate information about the social activities to all residents, as she implied in Appendix R. This lack of communication impacted on the residents' awareness of activities. If residents are unaware of activities, they will not attend them.

In the extra care setting, the observation schedule prevented me from observing regular clubs and events. This was due to the scheme only allowing observation during the day, with some events occurring before I arrived, but most took place after I had finished observing each day. The method of communication about scheme-run activities, however, also impacted on resident awareness of events. The activity coordinators job role did not require her to go through events with new residents. Instead, she distributed calendars through letterboxes and on noticeboards (see Appendix R). This communication method was not successful for some activities and the format led to some residents unaware that some clubs even existed. This method of communication and the distribution of calendars in the extra care setting also left some residents feeling unwelcome at clubs. The quote below highlights how the extra care setting residents would have preferred alternative methods of communication about scheme-run clubs.

Male Resident R13: I think there needs to be a letter, like a newsletter stating exactly what's going on and when
Female Resident R11: Yes, and then we'll be tempted
Male Resident R13: And please you're welcome, everybody's welcome to come along. I think that needs to be
Female Resident R11: Looked into
(The Extra Care Setting, June 2019)

This suggests that an alternative form of advertising could help increase the attendance at activities provided by the activity coach in the extra care setting.

Therefore, the first issue that impacted on resident participation in scheme-run activities was the communication method used for the activities on offer. Communicating in a welcoming and clear manner provides residents with an awareness of clubs, which could make them more successful.

6.2.4.2 Health

The next barrier to resident participation in scheme-run activities was the health status of the residents. The first impact that the health of residents had was on the type of activities that could be provided in the schemes and their levels of success. In the extra care setting, the activity coordinator had to stop providing craft activities for the residents.

Like the crafting sessions haven't been going that well, so I've swapped it this week for cards and dominos and stuff. Just because I think that they're not very nimble with their fingers anymore, that's what I'm getting off them, so I've changed that one
(Activity Coordinator S9, The Extra Care Setting, November 2018).

The quote above demonstrates how crafts were no longer an activity regularly provided by the scheme, as residents informed the activity coordinator about their health limitations. This could suggest that health was a barrier to the formation of communities of interest in the extra care setting.

In the extra care setting, the health status of residents also impacted their ability to get to events and, therefore, their ability to participate in social activities. In the extra care setting, if residents wanted to go to events, the scheme provided reminders for residents who required them, but those who needed assistance to get to events had to pay for care.

Those that require prompting or assistance are going to require; there is a minimum 15-minute call, so that means that they have to pay for a 15-minute call to be brought

down and 15 minutes to go back up again (Memory Support worker, The Extra Care Setting, December 2018).

The quote above highlights the impacts of the care and cost requirements for those who need assistance to attend events. For those who did not have the personal financial capital to hire assistance, it would reduce their opportunities to socialise. Individuals who were at risk of isolation could end up being isolated based on this lack of personal financial capital. So, residents who were interested in attending events, but had a combination of poor health and limited financial ability would have been unable to do so. This could have created a gap between those who could afford to participate and those who were unable to.

One positive potential avenue that was being explored in the extra care setting was a monetary fund. This fund would be available for those who required the funding to pay for care to go to events but were unable to afford to do so. This source of financial capital, if created, will enable residents to participate in events. This is positive as it could increase the socialisation opportunities for residents, and this could, in turn, help to generate bonding social capital between residents who may not usually venture out into the community and attend events at the extra care setting.

Due to the nature of the scheme and the staff available, worries about attending events due to health status were less of an issue in the care home. To attend events, residents, including those who may have had health issues, could be brought to events by care staff. Further information about the support available to residents to attend events in the care home is listed in Appendix S.

6.2.4.3 Residents' Choices

The next barrier to resident participation in scheme-run activities was the individual choices of residents. There were various reasons why residents chose not to attend the social events that were available to them in the schemes.

One of the main reasons why residents chose not to attend events was personal preference. The idea of personal preference is illuminated in the following quote:

I don't want to be told what to do. I know what I want to do, so, please. Sort of leave me alone is what I'm saying. I mean, they can't understand it, because they're much younger than I am. If I can't please myself at 97, when can I please myself? (Female Resident R5, The Care Home, August 2019).

Some residents also preferred to spend time alone. This was expressed by a resident who stated, *"it is nice to have a bit of space on your own"* (Female Resident R4, The Care Home, August 2019). She also believed that she did not need to spend all of her time with the other residents who lived in the scheme. She reflected on this point stating, *"there's times when you want an hour on your own to contemplate and clear your mind"* (Female Resident R4, The Care Home, August 2019).

The next reason why residents in the two schemes chose not to participate in social activities was due to the characteristics of the residents whom they believed would attend. In the care home, many of the residents had varying stages of cognitive impairment. For residents who did not have these issues, they identified the trouble in communicating with these residents. *"I don't know people here. They're difficult to converse with them anyway, so what's the point?"* (Female Resident R5, The Care Home, August 2019). Some also stated a preference towards communities and events comprised of people who were, *"not all with Alzheimer's. They don't know one day from the next"* (Female Resident R7, The Care Home, August 2019).

The residents understood that the home was filled with residents that had diverse health needs. They did not want to be members of groups that contained only individuals with health issues such as Alzheimer's. This could suggest that group composition and the awareness of who would be attending activities influenced the choices that residents made and determined whether they chose to attend social activities.

The final reason why residents chose not to attend social activities was due to the details of the activities on offer. Some of the residents believed that the activities on offer were not exciting, so they chose not to attend. This was the opinion of a female resident at the care home who believed that all there was on offer was the dominos club. She wanted different activities, *"like bingo (laughs). Instead of draughts or dominos every day. That's all we've got. Dominos, dominos, dominos"* (Female Resident R7, The Care Home, August 2019).

For others, the details of the activities such as their timing, impacted on their choice to attend. Appendix S presents this information. To summarise, while the timing of activities impacted on the choices that residents in both schemes made to attend events, in the extra care setting, the activity coordinator was more proactive and tried to carry out her activities around the residents' preferences as best as she could.

In both schemes, there was an understanding of the individuality of residents, and they were free to choose to spend their days as they wished. The carers and managerial staff

understood that some residents preferred to be alone, while others liked to socialise. The scheme staff chose not to force residents to be a part of a community that they had no interest in becoming a member of. This is acknowledged in the following quote from the lifestyle coach at the care home:

> *Some residents prefer to sit in their rooms and be quiet. Others like noise and interaction, and you know so we kind of got a mixture of residents here that like a bit of peace and quiet and others don't* (Lifestyle Coach S6, The Care Home, August 2018).

There were no ethical solutions for residents who did not like events based on the characteristics of the other residents in attendance. The LTC settings could create clubs for residents based on their characteristics, for example, for residents without dementia. This would be discriminatory. For residents to overcome this, it would have to be personal, and they would have to create a private group to pick and choose the group members.

6.2.4.4 Residents' Partial Engagement in Decision Making

The final barrier to the success of scheme-run activities was the partial engagement of residents in decision making. To understand what activities residents wanted to do and ensure that events were of interest to residents, there were many opportunities for resident engagement. In the extra care setting, there were many methods utilised. One of the most common were regular resident meetings which occurred every month. Although some resident meetings had engagement from residents, "a *great deal of residents. I usually have 40+, and there's only 75 properties here, so that's a really good turnout. They like to have their say"* (Managerial Staff S10, The Extra Care Setting, November 2018), the focus of events usually went off track.

> *The trouble is with that is it sort of always goes off track onto the problems with the landlord and the problems they've got with their flat. But it wasn't for that, it was for activities, but they've always got to get something off their chest, so it's a. We know that's going to happen and they go round and round in circles, and we've try, and we ask what do you fancy another bingo night or a different film night. It always goes onto [the landlord] really* (Handyman S11, The Extra Care Setting, November 2018).

The events that focused solely on finding out what residents wanted and what they would like to do in the extra care setting were also less successful. This has been acknowledged by the activity coordinator, who stated, *"we did put a slip on the minutes of the meeting, asking what they would like. We only got three back. Erm, we had a resident's meeting,*

activity meeting, only two turned up" (Activity Coordinator S9, The Extra Care Setting, November 2018). This was also noticed by a female resident who stated that *"we've even sent circulars out saying is there anything offering suggestions. And a lot of people throw them in the bin; you can't help them"* (Female Resident R11, The Extra Care Setting, June 2019).

This suggests that the residents and the political capital they have may not always be utilised to the best of their abilities. The extra care setting offered avenues for the residents to talk about what they would like to do and what they would like to change. This suggests that although residents may choose not to participate based on the types of activity and the timings of activities, many residents also chose not to exercise their political capital. This could create a spiralling down effect, culminating in low attendance at events that residents choose not to attend. This has been recognised by some of the residents who expressed their disappointment and the unrealised potential of new clubs at the extra care setting:

> Female Resident R11: *People just aren't interested*
> Male Resident R14: *It's very disappointing how few*
> Female Resident R11: *I know it's sad isn't it, they try so many things*
> Male Resident R14: *That would have been a wonderful day if we could meet people and talk like we do*
> (The Extra Care Setting, June 2019)

In the care home, resident engagement was slightly more successful. There were regular quality surveys completed by residents and their relatives. Outcomes of these surveys led to changes in the activity offerings in the home. For instance, residents emphasised they wanted more outings each month. This request was recognised, and an outcome was that resident outings increased from two outings per month to four. *"They will say that they want more outings and it has been mentioned, and now we've got four a month"* (Lifestyle Coach S6, The Care Home, August 2018). This change led to an increase in the scoring of the Out and About trips from 4.9 out of 10 in the May 2018 Quality review to 6.0 out of 10 in the 2018 Annual Review, suggesting that residents were happier with the outcome of the change.

6.3 Enabling Resident Participation in the Delivery of Regular Social Activities

In both LTC settings, alongside influencing the social activities that were available in the scheme, residents also had opportunities to participate in the social activity provision by helping to run clubs. In both schemes, residents were a source of informal human capital. In Section 5.3.3, informal human capital was defined as community members who adopt or

volunteer for leadership roles that have no monetary compensation. In both schemes, the residents (informal human capital) helped to promote social interaction, and they helped to support other residents who attended the clubs and events. Data analysis identified three types of social activity structure in the schemes where residents could hold voluntary roles.

The first social activity structure involved residents, and the activity coordinators working together to run social activities in the LTC schemes. In the extra care setting, this structure was demonstrated in the skittles club. Resident volunteers worked alongside the new activity coordinator to help revive the skittles club that had ended due to a period in the scheme without an activity coordinator. A male resident helped to organise, remind and support residents during the club. Female residents helped to raise awareness of the club. There was a growth in attendance and popularity each week, with residents highlighting the positive benefits that they gained due to attendance. *"Well if you were a bit down and you went to it, I swear you couldn't possibly come out sad because it is just so lovely"* (Female Resident R11, The Extra Care Setting, June 2019).

Therefore, residents in the extra care setting undertook voluntary roles to help provide a community of interest – the skittles club. The human capital trait of similarity enabled residents to influence the growth in attendance by motivating other residents to attend. In order to fulfil, the role, however, the residents were required to have good health.

The second social activity structure involved residents creating their own clubs, with help provided by staff to help coordinate resident attendance. In the care home, this activity structure was demonstrated by the dominos club. Each afternoon a male resident ran a dominos club. He had knowledge of the game, which helped him lead and oversee gameplay. Due to poor health, however, he required help from the care staff. The lifestyle coach stated that she offered the leader of the dominos club support:

> *Erm, we did have a resident that sort of took over the running of the dominos club, erm but he found it was a little bit too much. So, I just make sure that on the days that the club's run, the residents, because they've signed up for these clubs. So, I'll always make sure those residents are attending that club, and if anybody just wants to come along, but does not actually want to join in, that's absolutely fine as well* (Lifestyle Coach S6, The Care Home, August 2018).

During the observation week in the care home, I observed the dominos club meeting daily between 1 pm and 4 pm in the café. Each afternoon the same residents occupied the same table and sat in the same seats. Although the lifestyle coach stated that she offered support

to the resident, I observed no interactions between the leader of the club and the lifestyle coach throughout the week. If support was given to the dominos leader, it was provided by the care staff. This suggests that in the care home, the dominos club leader benefitted from having different formal human capital sources at his disposal. Therefore, the formal human capital (the care staff), supported informal human capital (the residents) to run clubs they had an interest in. Support was received when required.

The third social activity structure involved residents running their own clubs and activities. In the extra care setting, there were Rummikub classes and lottery pools. In the extra care setting, a female resident taught Rummikub to other residents. She ran weekly classes depending on experience level. A different resident ran lottery pools. Residents could bet on the outcome of the lottery, and the winner would get a cash prize. Both activities display the ability that residents had in providing social activities for themselves. Residents in the extra care setting had roles that required leadership and planning skills. These skills helped to facilitate the growth of resident communities of interest. Additional information about resident-run events in the extra care setting is available in Appendix T.

6.3.1 Community Capitals – Resident Participation in Regular Social Activities

While Figure 34 illustrated how activities provided for the residents led to the growth of communities of interest within both schemes, Figure 35 introduces the scenarios where activities created both for and by the residents have led to communities of interest. The diagram in Figure 35 shows how residents, through the process of volunteering, helped to facilitate the growth of interest-based communities within the LTC schemes.

Each community structure presented in Figure 35 was founded based on the political capital of the residents. As residents showed an interest in the activities, verbally and through continued attendance, the activities would run each week. Figure 35 displays how this political capital foundation spiralled up to create three different communities of interest within the schemes.

Capital interactions a and b in Figure 35 show how two complementary spiralling up processes led to the growth of a skittles community of interest. This community required formal human capital to run the club (capital interaction a) alongside resident volunteers who also raised awareness of the club (capital interaction b), leading to social capital which helped to create the community.

Capital interactions c and d in Figure 35 show how support from the care team (capital interaction d) can help to supplement the growth of a resident created community of interest (Capital interaction c). The support provided by the care team helped ensure that the club ran each day. This helped bonding social capital develop between the residents in attendance and bridging between the carers who helped the resident.

The final interaction process in Figure 35 - e, demonstrates how residents in the extra care setting were able to form a source of informal human capital to create their own community of interest.

All three communities presented are a component of the community ecosystem within the schemes. As with the scheme-run communities presented in Figure 34, residents also had the opportunity to be members of communities of interest with different leadership structures. Figure 35 highlights, however, that residents understood their own wants, needs and interests and helped to construct their own communities. The community ecosystem, therefore, did not just feature communities contrived only by the LTC settings.

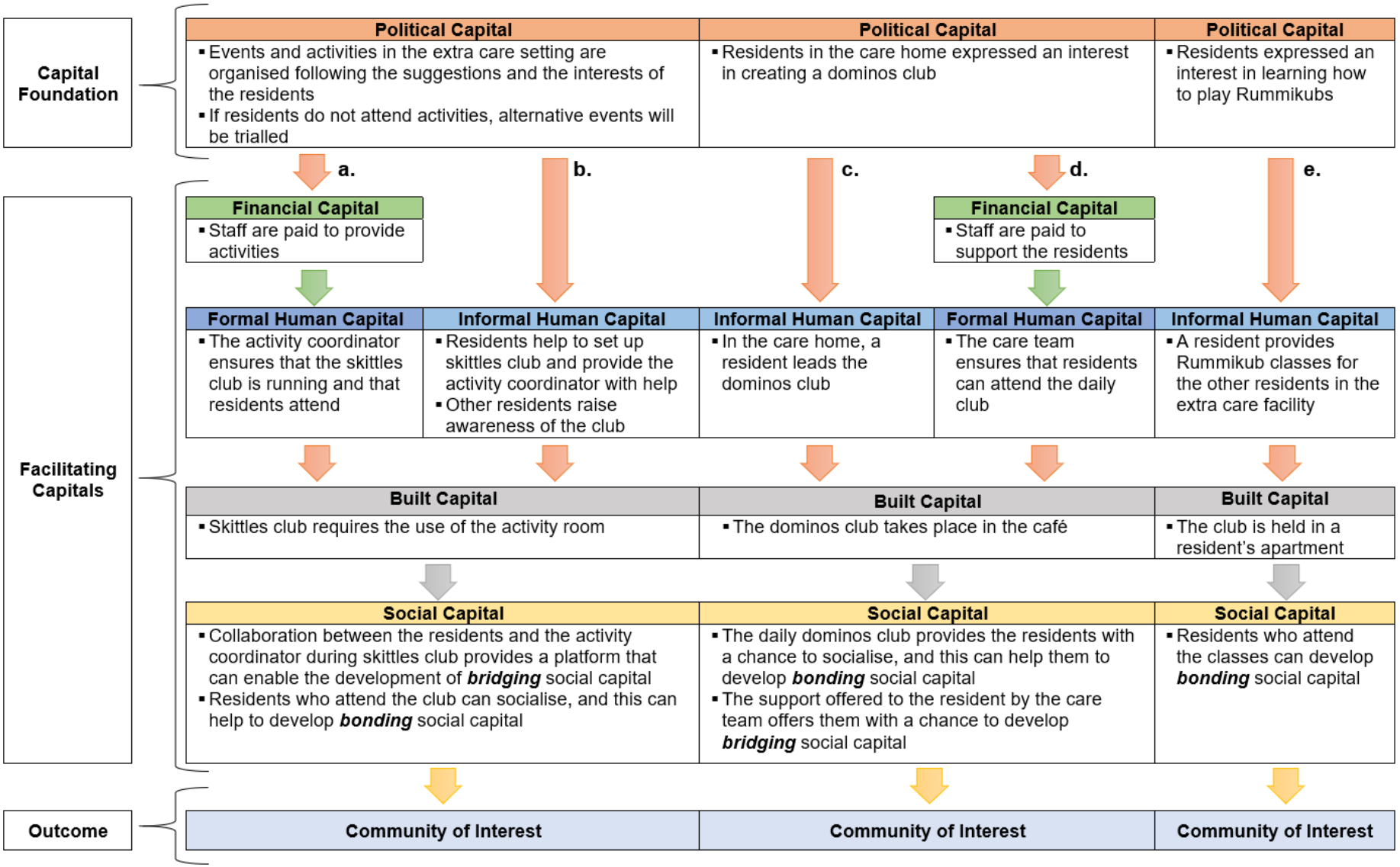


Figure 35. The Capital Interaction Process for Resident-Run Social Activities (Source: Author, 2020)

6.3.2 The Facilitators and Barriers to Resident-Run Social Activities

The main factor that helped to facilitate the growth of resident-run communities of interest in both schemes were the residents themselves. The residents formed a source of informal human capital who were able to create their own activities, whilst also helping to improve the activity offerings provided by the schemes.

There were also barriers that impacted on resident involvement in social activities. The first was the physical health status of the residents. For skittles club to be a success in the extra care setting, it relied on resident volunteers as a source of informal human capital. These volunteers required the human capital trait of good physical health due to the active roles that they had in the club, including tasks such as supporting residents and setting up the skittles games. Without good health, these tasks would be impossible for resident volunteers to perform.

Unfortunately, deteriorating health meant that not every resident was able to continue as a source of informal human capital. In the extra care setting, a prominent source of informal human capital was a male resident who had various roles in the scheme. The most significant was his appointment as Chairman of the Residents' Association, a committee he was instrumental in forming. Due to health issues, he had to step down, and he could no longer participate in a job that he enjoyed doing.

> *I did take on the responsibility of forming a Residents' Committee here, and I was enjoying that until something all went wrong ... So reluctantly, I had to withdraw from that, it was hard, and well you have to accept when you're in later age, and it is sometimes hard to accept that I've got to give that up or I can't do this* (Male Resident R14, The Extra Care Setting, June 2019).

This suggests that health issues not only impact on the support that residents can provide to those attending events and their role in events, it can also impact on their importance in the LTC setting. The male resident was in a position of authority as the Chair of the Residents' Association, and this role provided him with a level of influence. He was an individual who had experience leading various institutions before moving into the extra care setting and so was an experienced leader. His health and his resignation from the Residents' Association represented a loss of an important source of informal human capital in the extra care setting. It represented the loss of a platform for an individual who had high levels of political capital. If similar situations were to arise within other clubs, it could lead to their collapse. This suggests that as time goes on, the sources of informal human capital will need to be

considered as residents may not be able to take on unpaid roles within the schemes due to deteriorating health.

Depending on the turn-over of new residents, health issues could reduce the supply of residents who are available, healthy, willing and have experience in leading and helping others. To enable them to continue in these roles, the residents will require support. Formal human capital, such as the activity coaches, could enable residents to be able to undertake some type of role in the LTC setting and support them to alleviate their burdens. For example, in the dominos club at the care home, support was available if needed by the resident leader.

In other clubs, such as the Rummikub classes, that were resident only; it is unlikely that formal human capital would be able to offer the leader support and perform a supportive role. As the club was private, there would be questions over the routes of succession if the female leader was to develop any health issues. The club could go through the process of succession planning, identifying and developing new leaders to replace the leaders of these communities. If there were no residents who were willing and able to take over, however, the community of interest could cease to exist in that format. This scenario would be represented by the removal of capital interaction e in Figure 35. Ultimately, deteriorating health of resident leaders stresses the reliance of residents on sources of support, such as formal human capital. This support can help resident-run clubs and communities to continue. Without support, there could be a reduction in the number of communities of interest within the LTC community ecosystems.

6.4 Resident Participation Outside the Scheme

Alongside a schedule of regular internally-organised social activities, the residents also benefitted from the provision of regular social activities that were run by external organisations in the extra care setting. These included activities such as armchair exercises, the crafty cuppa, yoga and Pilates. These activities were run by members of the general public (formal human capital) in the activity room (built capital) that was located on the public side of the scheme. Residents had to pay to attend these clubs, with a minimum fee of £2 per session.

Externally-run events at the extra care setting that involved members of the wider community provided residents with an opportunity to socialise with the wider community. This, in turn, provided the potential for the development of bridging social capital between the residents and the wider community. This bridging social capital then helped to create communities of interest featuring residents and the wider community.

Residents in the extra care setting, therefore, had further communities of interest that they could become a member of. These communities featured as components of the LTC community ecosystem.

In the care home, the residents did not have access to externally-run activities. This meant that there were no externally-led communities of interest within the care home community ecosystem. The characteristics of the scheme and the scheme residents were two reasons why the wider community were not involved in the care home. The scheme was a completely closed site (see Section 5.2). As many residents were unable to leave unaccompanied, the site was also locked (see Section 5.5.6.2). The scheme also did not target the wider community. During an interview with a member of the managerial team, he stated that he understood that the allowing the wider community into the scheme was an approach that had worked in other schemes, but for the care home, it was not an avenue that was their area of focus.

6.4.1 Community Capitals – Resident Participation Outside the Scheme

In the extra care setting resident participation in externally-run clubs, based around knitting and exercise, led to the development of communities of interest. These communities featured residents from the extra care setting and people from the local community. The spiralling up process that led to these communities is displayed in Figure 36.

In Figure 36, political capital was important for the development of interest-based communities. The wants and needs of potential community members, their political capital, was what the communities were founded on. This political capital helped to influence the activity offerings. This is resonant with the political capital that was the foundation for the scheme-run and resident-led communities presented in Figure 34 and 35.

Two capital interaction processes are displayed in Figure 36 – capital interactions a and b. Capital interaction a in Figure 36 shows how the development of these communities of interest required many facilitating capitals. First, financial capital was required by individuals to become members of the community. This financial capital was used to pay for the class instructors (formal human capital) to run the clubs. Next, the clubs also needed a communal space (built capital) for them to be held. Combining these capitals led to both bonding and bridging social capitals. This helped to create communities of interest. These communities of interest are differentiated from the scheme-run communities of interest as they require residents to pay to attend.

Capital Interaction b in Figure 36 is an additional interaction process that was required by some residents to participate in these communities of interest. Residents would have to find further financial capital to pay for carers (formal human capital) to transport them to these clubs.

Figure 36 highlights that although there was the potential for additional communities of interest to exist within the extra care setting community ecosystem, residents would have to expend additional resources (financial capital) to become a member of these communities.

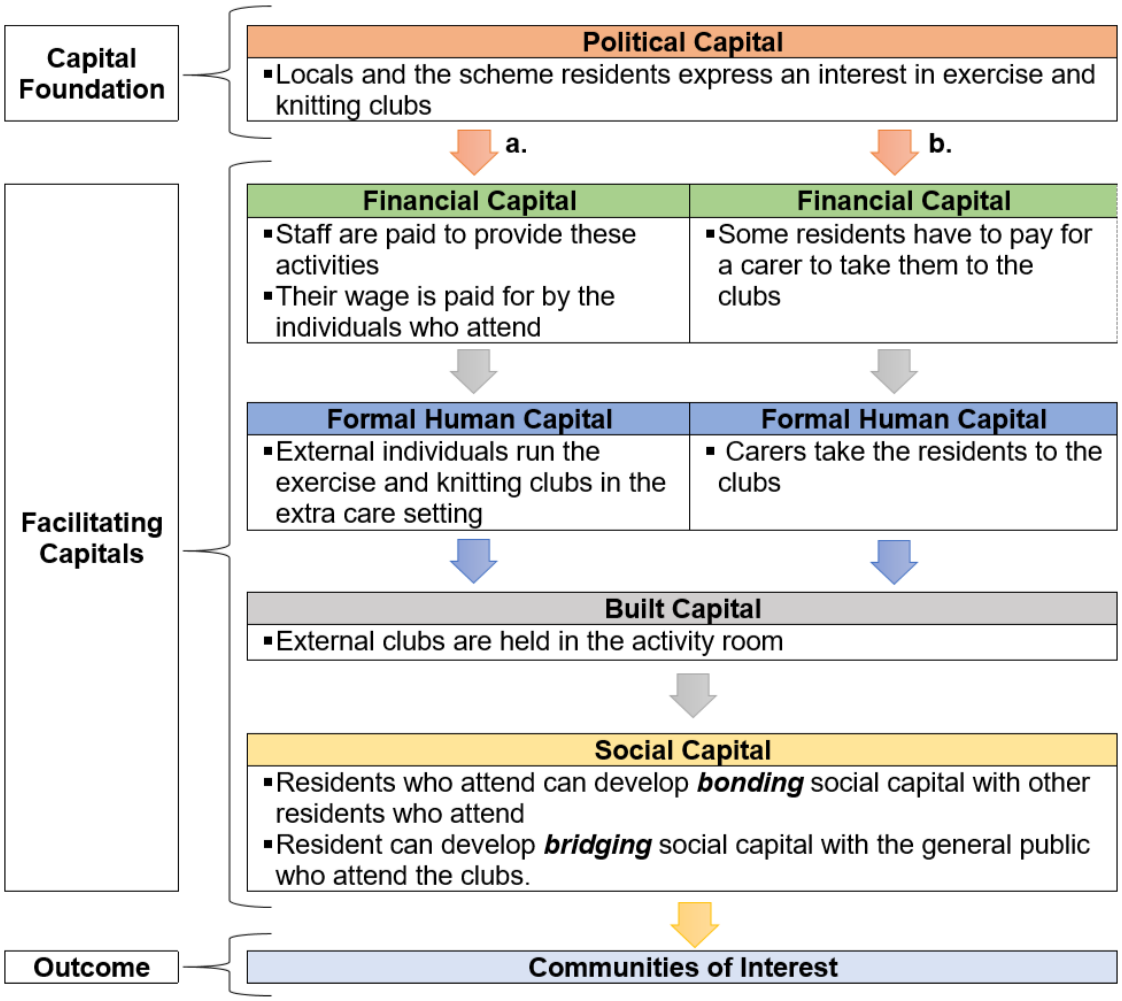


Figure 36. The Capital Interaction Process for Resident Participation Outside of the Scheme (Source: Author, 2020)

6.4.2 The Facilitators and Barriers to Resident Participation Outside the Scheme

The main facilitators to these communities of interest are presented in Figure 36 in Section 6.4.1. Endowments of the facilitating capitals – formal human capital, financial capital, built capital and social capital – helped these communities of interest to develop.

Two main barriers reduced resident participation in social activities outside of the scheme. These barriers were financial capital and the health status of the residents. First, if residents wanted to attend externally-run events and clubs, they had to pay. This is demonstrated by capital interaction a in Figure 36.

Next, capital interactions a and b in Figure 36 demonstrate the impact of poor health on resident participation in externally-run clubs. Residents with poor health would have to engage in both capital interactions a and b. This would mean that they would also incur further costs (financial capital) to pay for carers to transport them to these activities alongside paying to attend the clubs.

In Section 6.2.4.2, a resident's health status was also identified as a barrier to resident participation in social activities within the scheme. Based on an analysis of Figure 36, there is now also the suggestion that residents' health also impacts on resident participation outside of the extra care scheme. This suggests that the extra care setting residents who had poor health had reduced opportunities to become members of communities of interest – both inside and outside of the scheme.

6.4.3 Summary of the Regular Provision of Social Activities

In both schemes, there were many regular social activities available for residents to attend. Weekly meetings between groups of residents presented an opportunity for the development and maintenance of connections and bonding social capital between residents. If clubs featured staff, there was also the potential to develop bridging social capital between residents and staff. All interest-based clubs and activities offered the potential for communities of interest to develop – communities that would feature in the LTC community ecosystems.

6.5 Opportunities for Social Activities – Special Events and Activities

Alongside a schedule of regular social activities, each scheme planned 'one-off special events' and entertainment. In the care home, these events ranged from BBQ's and puppet shows in the summer months to bingo and university challenge events throughout the year. In the extra care setting, special events were also popular with the residents. Music nights were very popular, with the activity coordinator revealing that "m*usic nights, they go really, really well here"* (Activity Coordinator S9, The Extra Care Setting, June 2019).

In the extra care setting and the care home, special events were also planned around the religious holidays. These celebrations helped to develop cultural capital within the LTC

settings. During the observation week in the extra care setting in December 2018, I attended three seasonal events arranged by the care team in collaboration with the management at the extra care setting. The first event put on by the care team was a Christmas party. This included a musical band, food and drink. The musical band were paid performers (financial capital), and the food was provided by both residents and staff (financial capital). This event brought together the residents who sang and danced with each other (bonding social capital) and the residents and staff who also sang and danced with each other (bridging social capital). This event was very well received with over 40 residents in attendance. During the observation week, I also attended a Christmas carol service and the Christmas craft activities session that were provided for the residents. Both activities had high resident turnout.

In the care home, Christmas was also celebrated throughout the home. The residents had Christmas activities, Christmas meals and other special events provided throughout this period. In November 2019, a member of the managerial team created a Christmas choir based on resident feedback. The CQC highlighted this during their 2019 inspection of the home. They stated, *"information about people's individual hobbies was used to develop meaningful activities which interested people and encouraged them to engage in. For example, in response to feedback, people had recently formed their own choir"* (CQC, 2020: 14).

Every Wednesday from 11 am till 12 pm through November and December, residents, managerial staff, the care team and the lifestyle coach participated in choir rehearsals. At rehearsals, there was a high resident turnout. This is shown in Figure 37. The choir rehearsals culminated with a final performance at the end of December 2019.

Figure 37. Care Home Example: Christmas Choir Rehearsals (Source: WCS, 2019)

In both schemes, there were celebrations for Christmas. Celebrating this festive holiday provided an opportunity for the cultural capital within the LTC settings to be developed. During these events, the high resident turnout and the high levels of social interaction observed during the extra care setting events indicated that residents socialised and engaged while at these events. The CQC also noted how carols and entertainment provided for the residents in the care home were enjoyed:

> *On the first day of our inspection there was a visiting entertainer and on the second day there was a carol service led by a visiting minister. Both occasions were well supported, and people demonstrated by their smiles and positive responses that they enjoyed the events* (CQC, 2020: 15).

Section 6.2.4.1 introduced the idea that a lack of communication contributed to the non-attendance of residents in the activities and clubs in both schemes. The examples above illustrate how although residents may not have attended clubs, they did attend special events. These events offered residents enjoyment, and high resident turnout indicates high levels of social participation. Participation by residents in special events helps them to generate shared experiences and live through celebrations.

The provision of special events also added a further dimension to the LTC community ecosystem. Chapter 5 introduced different communities of place, utilising the shared spaces to help grow their communities. Section 6.2.3 and Section 6.3.1 introduced the role of social activities in the creation of interest-based community groups in both schemes. Rather than having community boundaries based on a place or an interest, these activities were scheme-wide events bringing residents and staff together. This helped to enhance the overall LTC community, offering residents who attended enjoyment and opportunities and chances to socialise.

6.5.1 Community Capitals – Special Events and Activities

In both schemes, the provision of special events and activities spiralled up to enhance the overall LTC community. This process is displayed in Figure 38. For all of the special events presented in Figure 38, political capital was the founding capital – residents were able to influence the special events that were on offer.

All four capital interaction processes displayed in Figure 38 demonstrate how the development of the LTC community relied on built capital. The special events needed a communal space where they could be held. Spiralling up the founding and facilitating

capitals, led to the development of social capital (bonding and bridging) and cultural capital in the LTC settings, which in turn, helped to develop the LTC community.

Capital interactions a and d in Figure 38 show how alternative sources of formal human capital created one-off events in the care home. These events helped to develop the care home community. This demonstrates how the schemes had alternative sources of human capital available to provide social activities for the residents.

In Figure 38, capital interactions b and c present two scenarios where multiple sources of financial capital were required to help facilitate the growth of the LTC community. First, in capital interactions b and c presented in Figure 38, the staff (formal human capital) required a salary (financial capital). Next, for external entertainment, there were also costs incurred (financial capital). This suggests that the activity of choice influences how the community capitals are utilised within the LTC settings.

While Figures 34, 35 and 36 introduced similar community capital resource requirements to create communities of interest, there is a difference that should be noted about the capitals required to develop the LTC community. The resources presented in Figure 38 are required for a limited time and change depending on the event provided. The resources for the communities of interest (Figure 34, 35 and 36) are a recurring requirement, necessary for the continuation of the communities.

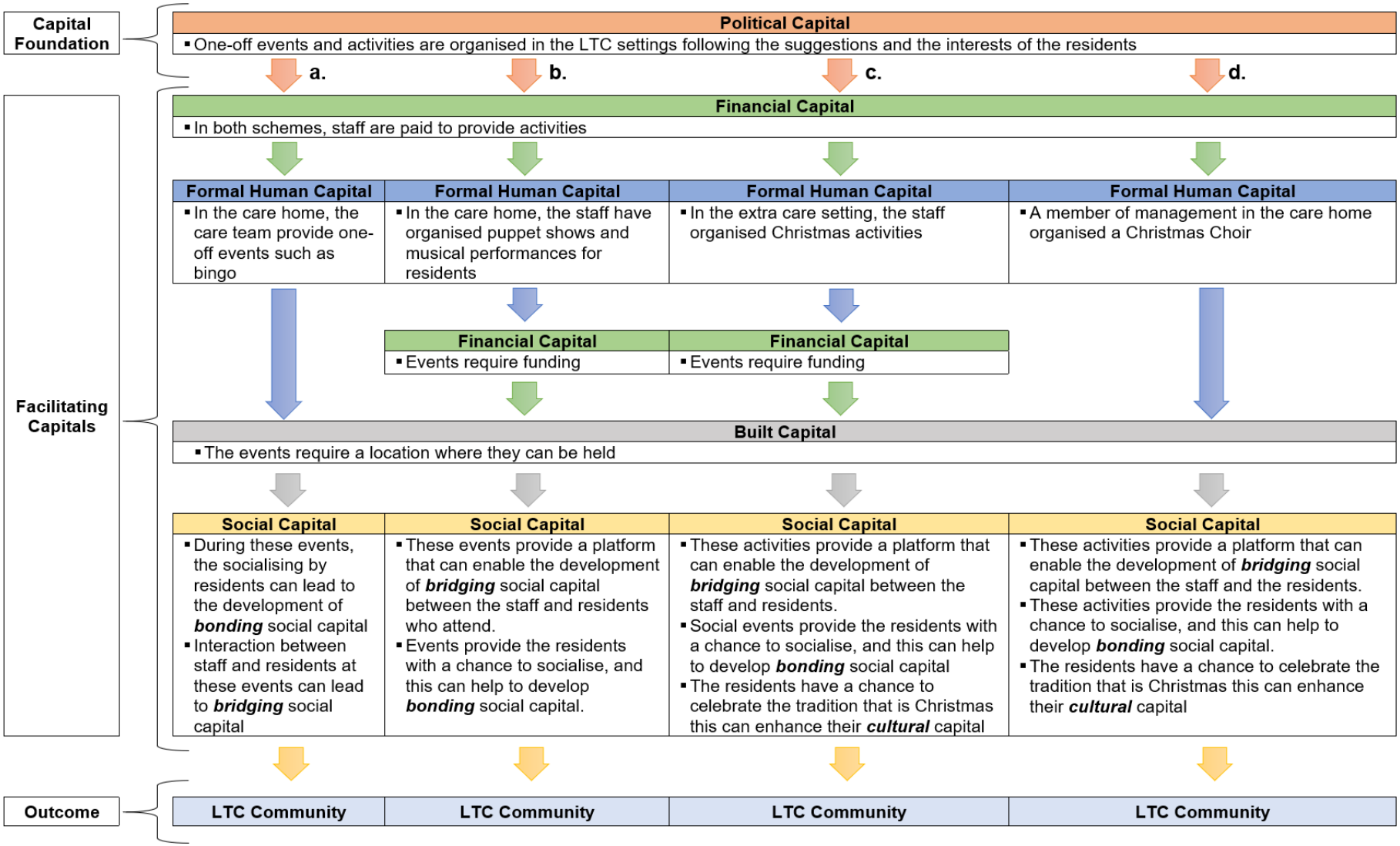


Figure 38. The Capital Interaction Process for Special Events (Source: Author, 2020)

6.5.2 The Facilitators and Barriers to Providing Special Events

Although there were roles created for individuals to organise and lead social activities in the LTC settings, formal events were not only planned by the activity coordinators or lifestyle coaches. One-off or less frequent events were arranged and run by other members of staff, including care staff and managerial staff. It was these staff who helped to facilitate the special events and make them a success.

In the care home, alongside the creation of the Christmas Choir presented in Section 6.5, a member of the managerial team also created many other one-off events such as gardening events and craft activities. These events had high resident attendance. One resident in the care home highlighted the role of this manager. She stated, *"she's very good, she's a wonderful person, and she'll say I'm going to do this, I'm arranging that. We all seem to want to go. She's very good, extremely good she is"* (Female Resident R4, The Care Home, August 2019).

The manager was kind, she had got to know the residents, and she had influence, providing events that she knew that the residents would want to attend. Having various sources of formal human capital who had different ideas and offerings was a factor that helped to facilitate special events and enhance the LTC communities. The influence that these alternative sources of human capital had on developing the care home community is visualised in capital interactions a and d in Figure 38.

The main barrier to providing one-off events was financial capital. Both activity coaches had finite budgets available for them to use to provide events. In the extra care setting, the budget limited the activity coordinator's ability to provide external entertainment. In the care home, the lifestyle coach had to manage this budget, and she supplemented it with fundraising. This was to ensure that the residents could have external entertainers. However, it was not always possible. The lifestyle coach stated that she could not have visiting entertainers all the time as she could not afford to do so.

> *We do try to get entertainment come in once a month depending on my budget because my budget is like from fundraising and things like that and entertainment isn't cheap, but, I try to vary it, but I don't have it all the time because I can't afford to* (Lifestyle Coach S6, The Care Home, August 2018)

While fundraising was a job requirement of the activity coordinator in the extra care setting, it was a personal innovation for the care home lifestyle coach. This suggests that the financial capital available in the schemes could limit the opportunities for the development of the LTC

communities. In both schemes, the coaches understand this potential limitation and work towards generating more financial capital.

If the LTC schemes were unable to afford external entertainment, it would be represented by the complete erasure of capital interaction processes b and c in Figure 38. If the activity coaches cannot afford to provide entertainment, it would mean that there would be fewer opportunities for celebrations and shared experiences. Without these experiences, it would be harder to develop the LTC community. If the activity coaches could not afford to hold Christmas events, it could also limit the development of cultural capital within the schemes.

Therefore, special events in the extra care setting and the care home provided residents in the scheme with opportunities to socialise and generate shared experiences. This social participation helped develop the overall LTC communities.

6.6 Summary of the Provision of Social Activities and Shared Experiences

This chapter's first aim was to identify how communities were created within the two LTC schemes based on the provision of social activities and shared experiences. The chapter introduced the potential for the schemes to create communities of interest by providing social activities which bound residents by shared interests. In both schemes, there were regular social activities and events provided for the residents. These activities and events helped residents develop their relationships with each other and with the scheme staff. Regular activities also had the potential to create communities of interest within the schemes. These communities featured in the LTC community ecosystem alongside the communities of place identified in Chapter 5. Residents also had other activity offerings such as one-off events. These events provided opportunities for residents to get together, interact and develop the overall LTC community.

The first half of this chapter has emphasised the importance of people in the development of these communities. First, the staff in the scheme (formal human capital) helped to create successful activities and events, which helped to support the creation of communities within both schemes. Next, residents were identified as invaluable sources of informal human capital. The residents volunteered, and this added to the social activity offerings of the schemes. Resident interest also informed the activities and events provided in both schemes. Residents in both schemes were, therefore, identified to be proactive in the creation of their own activities and communities.

Unfortunately, not all of the social activities that were provided were successful. This was due to factors such as poor communication, the health of the residents, financial constraints, and the personal preferences of residents to not want to attend the social activity offerings.

6.7 Community Connections across the Life Course

Chapters 5 and the first half of this chapter have aimed to understand how creating a built environment that supported community and how providing opportunities for social activities could facilitate the development of communities within the LTC schemes. Chapter 5 identified how communal spaces within the built environment helped to develop communities of place within the LTC community ecosystem. So far, Chapter 6 has introduced further components of the LTC community ecosystem, identifying communities of interest that residents had the potential to join.

The message uncovered across both chapters was the importance of people in the creation of communities within the LTC settings. Staff, residents and family members helped to bring groups together, provide activities and transform the care environment into an ecosystem of communities.

The next sections aim to illustrate the impacts of membership to communities both within the LTC community ecosystem and those external, on the support available to residents living in the schemes. To do this, there will be an exploration of the social networks of two residents who lived in the extra care setting. The section will conclude with the barriers and facilitators for residents to receive support from their communities outside of the scheme.

6.7.1 Support Networks

Chapter 2 introduced the idea that individuals can be members of multiple communities that serve different purposes during different periods throughout their lives. In both schemes, for many residents, this was true. Residents had access to the old communities that they were members of from across their life course, before moving into residential care. They had also become members of communities within the LTC community ecosystem – the communities of place identified in Chapter 5 and the communities of interest identified in Chapter 6.

Box 4 lists the social network of a male resident who lived in the extra care setting. Throughout his life, this resident was a member of multiple communities. The impact that being a member of the communities had on his support network was vast. This is indicated by a large number of people within his social network in Figure 39, Box 4.

The resident had many friends from his old communities of place – where he lived and worked, and from his old communities of interest such as his church group within his support network. The importance of these individuals to the resident is demonstrated by him placing a large number of them in his closest circle, circle a in Figure 39, Box 4. This circle is filled with the people whom he reported that he could not live without.

While in the extra care setting, he also became a member of the communities within the scheme. He was a member of the communal lounge community attending the afternoon tea each day. He also attended all of the special events put on in the scheme. Through membership to these communities, he has residents from the scheme (TR in Figure 39) as members of both his close and good circles. This indicates that the resident has been able to develop friendships with other residents in the scheme

The male resident also developed friendships with the staff. This is demonstrated by TS in circle b in Figure 39. He considered a member of staff from the extra care scheme as one of his good friends. When asked which circle he would place this member of staff in, the resident remarked, *"no, no, he should be in there [good friend]. He offers me support"* (Male Resident R14, The Extra Care Setting, June 2019). This staff member was just one of the many people whom he could call on for support.

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Box 4. The Social Network of a Male Resident

A male resident who lived in the extra care setting had a very large social network. This network of support featured his children, friends from his past communities of place and interest, residents from the scheme and the scheme staff. Figure 39 is a visual representation of this network.

In Figure 39, the circles feature the residents close friends (a), his good friends (b) and his acquaintances (c).

Inner Circle (a) – Close Friends

The resident had many close friends. This included his sons (So), his daughter-in-law (D) and his friends from the scheme (TR). This circle was populated most by his friends from outside of the scheme – those who he shared communities of place (CP) and of interest (CI).

Middle Circle (b) – Good Friends

The resident had many good friends. Again, the circle featured friends from inside the scheme (TR) and outside of the scheme (CI and CP). This circle also featured a staff member from the scheme (TS).

Outer Circle (c) – Acquaintances

This resident regarded people from his past his communities of place (CP) and communities of interest (CI) as acquaintances.

Key	
M	Male Resident
So	Son
D	Daughter-in-Law
CP	Friend from Community of Place
CI	Friend from Community of Interest
TR	Scheme Resident
TS	Scheme Staff

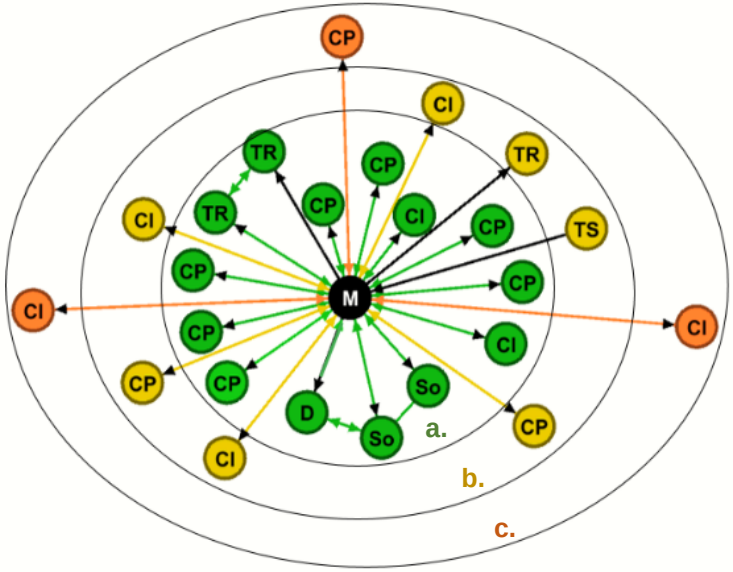


Figure 39. The Social Network of a Male Resident Living in the Extra Care Setting (Source: Author, 2020)

Social Network Summary

The male resident had many friends from his past communities of place and interest who contacted him regularly. This included people from where he lived, where he worked and friends from clubs and churches that he used to be a member of. He had also developed close relationships with residents and staff in the scheme. He believed that he was a source of support to the residents – offering more support than he received in return:

> *"I'd probably, I'm not boasting, I probably offer more support to people than they do to me. Only because, I don't need the support that they do"* (Male Resident R14, The Extra Care Setting, June 2019).

Box 5 details the sources of support identified by a female resident during her social network mapping exercise. This resident identified a smaller social network than was presented for the male resident in Box 4, but she highlighted the fact that she had many friends. However, she could not remember them all while doing the exercise.

The female residents' social network featured her best friend she had made since living in the scheme (TR in circle a, Figure 40). The quote below reflects the friendship that had developed between this resident and her best friend from the scheme.

> *Well [female resident], my friend here. She's always there. We're not stuck at the hips mind you, but if I came in, I'd see her struggling around trying to get some cushions, she's watching all the time. She's a lovely, lovely lady, mind you, she helps everybody* (Female Resident R11, The Extra Care Setting, June 2019).

The resident also received support from people outside of the scheme. She emphasised the importance of her sisters to her, and she also placed them in her closest circle, circle a in Figure 40, Box 5. In this circle, she also placed friends she had met throughout her life. This resident also said that a member of the managerial team was in her social network. She believed that this individual offered her support.

While living in the extra care setting, the female resident attended skittles club, afternoon tea, Rummikub classes and armchair exercises, to name a few activities. These were activities that she enjoyed going to with her best friend from the scheme. She had a very active social life within the extra care setting.

The social networks presented in Box 4 and 5 highlight the complementary nature of the community support that both residents had while living in the extra care setting. Both residents had family and friends outside of the scheme to call on if they needed support. They also made good friends in the scheme who could offer them support. The social networks presented reflect the opportunities that the residents had to become members of multiple communities while living in the schemes. This is a notion that has been echoed throughout these results chapters.

Box 5. The Social Network of a Female Resident

Figure 40 presents a snapshot of the social network of a female resident who lived in the extra care setting. The resident believed that she could fill all three circles with lots of people but focused on the ten people who she could remember. This is expressed in the quote below:

"I've got to sit here and think of them as they're not that foremost in my mind. I'm running out now, but I know I'm not running out now, there's just lots of people." (Female Resident R11, The Extra Care Setting, June 2019)

Inner Circle (a) – Close Friends

The residents social network mainly consisted of her close friends. She had no children, so she relied on her sisters (Si) and her brother-in-law (B) for support. She also considered her best friend from the scheme (TR) as one of her close friends.

Middle Circle (b) – Good Friends

The resident had two individuals who she classified as good friends. These were people who she had met throughout her life.

Outer Circle (c) – Acquaintances

The resident classified the scheme manager (TS) as her acquaintance. She believed that she could go to the manager for support. She stated, *"I could confide with her and know that it would not go any further."* (Female Resident R11, The Extra Care Setting, June 2019).

Key	
F	Female Resident
B	Brother-in-Law
Si	Sister
CP	Friend from Community of Place
CI	Friend from Community of Interest
TR	Scheme Resident
TS	Scheme Staff

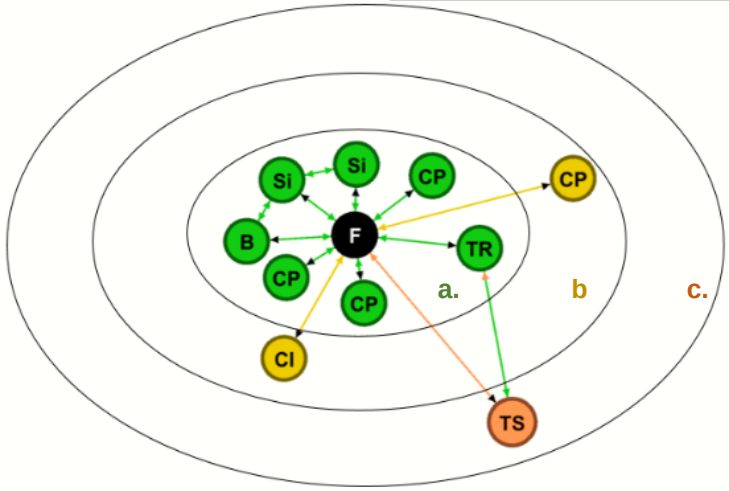


Figure 40. The Social Network of a Female Resident Living in the Extra Care Setting (Source: Author, 2020)

Social Network Summary

This resident relied on people from inside the scheme and outside of the scheme for support. She had sisters who helped her run errands. She was also an active member of the extra care community, participating in the afternoon tea event, skittles club, armchair exercises, Rummikub classes and the quizzes. She also had friendships with people who she had known from the places where she used to live. The resident believed that her geographical mobility contributed to her having lots of friends throughout her life. This is expressed in the quote below:

> *"If I, I'm not being big-headed. But you know when you move around; you make endless [friends] and they're all still keep ringing me to see how things are getting along"* (Female Resident R11, The Extra Care Setting, June 2019).

6.7.2 The Facilitators and Barriers to Support Networks

The main facilitator that helped residents to access their support networks was distance. For residents who had friends and family who lived locally, they had greater opportunities to see them. In the extra care setting, this was a point reflected on by a male resident. His brother lived within walking distance from the LTC scheme, so he saw him regularly. The resident also had other siblings who lived local to the scheme. This meant that he saw them often while out in the town centre. The resident noted, *"I speak to all them, knock into one of them like I did just then, and I'd knock into one of them, and he's up the pub"* (Male Resident R15, The Extra Care Setting, June 2019).

Similarly, living close to her grandchildren meant that a female resident from the extra care setting saw them weekly. The staff in the extra care setting and the care home also noted the regular frequency of visits for residents whose family and friends lived nearby. The memory support worker in the extra care setting commented on the frequency of family visits to the scheme. She stated, *"some [visit] all the time, some are in every day"* (Memory Support Worker S12, The Extra Care Setting, November 2018).

Therefore, the main facilitator that contributed to residents having regular opportunities to see their family and friends was distance.

Sections 5.5.3.1 and 5.5.3.2 explored how the cafés in both schemes acted as meeting places for the residents' visitors to the schemes. For some residents, who had factors that prevented them from having visitors (such as distance), technology was a facilitator that enabled them to remain connected.

In the extra care setting, a male resident believed that learning how to use technology in later life, helped him to communicate and remain connected to his family who lived abroad. He expressed, "*I'm so glad that in later life I got into IT because I can WhatsApp them and talk and see them and that's my means of communication"* (Male Resident R14, The Extra Care Setting, June 2019).

Phone calls also helped the residents to connect and plan their next visits with their friends. A male resident from the extra care setting mentioned this stating, *"he lives 50 miles away, and he only phoned me yesterday, and he comes about three times a year, and he's gonna come next week, and we're gonna spend a day, so yes that's nice to support erm"* (Male Resident R14, The Extra Care Setting, June 2019).

Technology also helped residents to keep in touch with their families. A male resident from the extra care setting recognised this noting, *"there's always somebody rings like you know, I could say that, there's always somebody rings to make sure that I'm all right"* (Male Resident R15, The Extra Care Setting, June 2019).

Therefore, technology was a facilitator that helped the residents remain connected to their wider circles, to their social networks that existed outside of the LTC settings.

The main barrier that prevented residents from having regular in-person access to their friends and family was distance. The geographical location of the residents' relations limited their visiting opportunities. Many of the residents who were interviewed had friends and relatives who had emigrated abroad. For a female resident in the care home, many of her friends had emigrated to Canada. *"I got plenty of other friends, but they're in Canada"* (Female Resident R8, The Care Home, August 2019).

In the extra care setting, a female residents brother had also emigrated to Canada. She stated:

> Researcher: *So how often do you see your brother?*
> Female Resident R12: *Well I don't really because he's in Canada*
> (The Extra Care Setting, June 2019)

A male resident in the extra care setting also commented on the geographical spread of his family. He equated the distance that he lived away from his family to be in a situation where he had no family. He commented, *"I have no family; they are in America, London, Southampton. I've got nobody popping in"* (Male Resident R14, The Extra Care Setting, June 2019).

Having family members who lived abroad was not the only distance barrier, however. Some residents had family who lived in the UK. Due to distance, their visiting opportunities were reduced. A female resident from the care home recognised this, stating that it took very long for her sister to visit her. *"My sister should be coming this afternoon. She's coming from Cumbria; it takes a long while"* (Female Resident R6, The Care Home, August 2019).

Therefore, distance reduced the amount of physical time that residents could see their friends and family. It also meant that for some residents, they were unable to see them at all. This is disadvantageous as it reduced the social contact available to residents. So, while distance enabled some residents to see their families and friends, it also had an impact on the other residents, reducing their visiting opportunities.

The next barrier to the residents' sources of external support was loss. For some residents, the loss of significant members of their social network limited the support options available to them. Management in both schemes were aware that whilst some may have no family, others may not see the family that they do have.

> *Some of the people are over 100, and they may have lost their own children who could be 80 and have died and lived a full life, and they may have great-great-grandchildren who may or may not visit* (Managerial Staff S2, The Care Home, August 2018).

One resident at the care home stated that she had very little family left now. She remarked, *"family. I haven't got any family, no"* (Female Resident R2, The Care Home, August 2019). The family that she did have did not live locally. Others commented on the loss of their spouse and siblings, with visible impacts on the individuals themselves. This was a point acknowledged by a female resident from the care home. *"I lost my husband 18 months ago, and I got used to being without him"* (Female Resident R1, The Care Home, August 2019).

The final barrier to the residents' external sources of support was their health status. For some of the residents, poor health meant that they had to be visited rather than visit their family members. This was a point reflected in the quote below by a female resident in the extra care setting whose changes in health status meant that she could no longer drive to visit her friends and family. *"Erm, it's more her visiting me now, if you reverse it two years, it would be me whizzing round the 2 of them"* (Female Resident R11, The Extra Care Setting, June 2019).

This section has highlighted the importance of people and the community connections both within the schemes and externally to the support networks of the residents. Distance was identified as both a facilitator and barrier to sources of external support with those who had family local benefitting from visiting in contrast to those who did not. Technology was identified as a mitigating factor that helped some residents to remain connected.

The next section presents a model of the LTC community ecosystem.

6.8 The Community Ecosystem

Figure 41 presents a summary diagram of the communities that were identified within the LTC settings in Chapter 5 and Chapter 6. It displays the structure of these communities and the community members. The diagram also lists the facilitators and barriers to the LTC communities. The following sections explore this diagram.

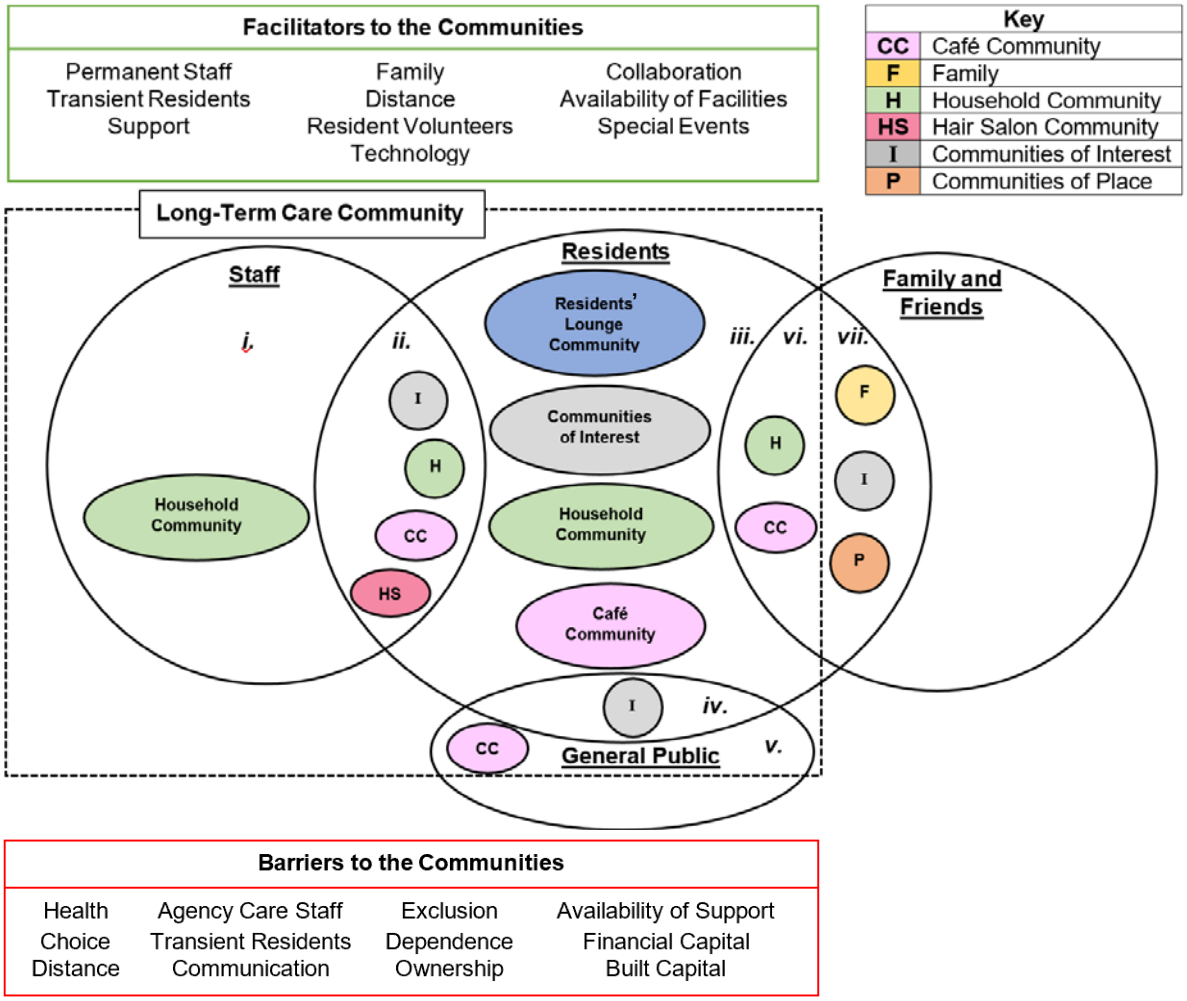


Figure 41. Diagram of the Community Ecosystem within the LTC Settings (Source: Author, 2020)

6.8.1 An Evaluation of the Community Ecosystem

The community ecosystem in the care home and the extra care setting was diverse. The schemes supported different types of community and different forms of community structures. This meant that the residents in both schemes had the opportunity to be members of many communities both inside and outside of the schemes. Central to the ecosystem diagram in Figure 41 are the resident-only communities. These communities are displayed in Segment iii.

The communities presented in Segment iii highlight the resourcefulness of the residents who lived in both schemes. In the extra care setting and the care home, when the residents had built capital (communal spaces) available to them, they were able to transform the spaces into their own communities of place. This is represented by the residents' lounge community, the household community and the café community in Segment iii in Figure 41. Similarly, when residents undertook roles, holding voluntary positions, they were able to create their own activities. These actions helped to develop resident-only communities of interest. An example of this was of the Rummikub classes in the extra care setting. This club would feature in Segment iii in Figure 41.

In Figure 41, the facilitators most relevant to Segment iii were the resident volunteers, private spaces and the availability of facilities. For example, having resident volunteers meant that the schemes did not have to pay for formal human capital to help provide events and activities for the residents. There were also barriers that impacted on resident membership and their roles in resident-only communities. The health status of the residents was a significant barrier to the development of resident-only communities. In the worst-case scenario, such as that presented in Section 6.3.2, poor health could lead to the collapse of resident-only communities of interest. Distance and the availability of support are also barriers that are presented in Figure 41 that are relevant to these communities.

Therefore, Segment iii in Figure 41 demonstrates the variety of resident-only communities available within the LTC community ecosystems. Residents were able to use the community capitals available in the schemes, and this spiralled up to create communities – communities created by the residents for the residents.

The ecosystem diagram presented in Figure 41 also demonstrates how interaction with other groups increased the community membership opportunities for the residents. First, Segment ii in Figure 41 represents the influence that the staff had in both schemes. The staff helped to create household communities in the care home (H in Segment ii) and enhance the café communities in both schemes (CC in Segment ii). In the hair salon in the care home, residents also had an opportunity to be a member of the hair salon community (HS in Segment ii) featuring the hairdressers and the residents from the scheme. Staff also helped with the activity offerings in both settings. This activity provision by the scheme staff provided the potential for many communities of interest to feature within Segment ii in Figure 41.

The staff were facilitators to these communities. The staff promoted bonding between residents. There was also evidence of bridging social capital between residents and care staff, based on the developed relationships and friendships that have been highlighted in

both chapters. Collaboration between the residents and the staff was also a facilitator that helped to create activities and communities that the residents would want to attend and be members of (Section 6.3.3).

There are barriers in Figure 41 that are relevant to Segment ii. This includes the agency care staff, financial capital and the availability of support. Unlike the resident volunteers who were sources of informal human capital in Segment iii, staff in the schemes were not a free source of capital. In the care home, financial capital limited the number of staff who were available. There were not unlimited sources of formal human capital. In the extra care setting, the individual finances of the residents impacted whether or not they could afford to pay for support from carers. This illuminates the idea that although achievable, capital limitations could prevent the development of communities that would feature in Segment ii in Figure 41.

The next members of the community ecosystem were the residents' family and existing friends. In the care home, family had an impact on the home (Segment vi), and they also had an impact on their individual relatives (Segment vii). Segment vii in Figure 41 represents the sources of support available to the residents outside of the schemes. This included their family (circle F in Segment vii), and friends from their communities of interest (circle CI in Segment vii) and communities of place (circle CP in Segment vii). Further information about these sources of support is presented in Section 6.7.

Conversely, Segment vi reflects the impacts that the family had on the home. Circle CC and H in Segment vi in Figure 41, demonstrates how family acted as a source of free human capital which helped to facilitate the café community and the household community in the care home. The main barriers to these communities were that family members were not available all the time. They did not live in the schemes, so it would be impossible for them to take on a continual facilitating role. For some residents, their family lived far away, and others had no family. This limits the sources of informal human capital (family) available to help facilitate the communities within the LTC settings.

In the extra care setting, the final influence on the LTC community ecosystem was the general public. In clubs (Segment iv in Figure 41), residents developed communities of interest with members of the general public. In the café, the public used it as a base to develop their own communities (Segment v in Figure 41). Use of the café by the public helps the café to generate financial capital. This can ensure that the café can remain open and function as a community hub.

For residents in both schemes, there were opportunities for them to be members of multiple communities that existed within the community ecosystem. Boxes 4 and 5 in Section 6.7.1 presented information about two residents' social networks and their social lives while in the extra care setting. Revaluating their networks to understand their membership to communities within the ecosystem is indicative of the dynamism of the community ecosystem. Residents moved in and out of the communities, holding multiple community memberships at the same time.

First, the male resident presented in Box 4 held membership to some of the resident-only communities represented in Segment iii in Figure 41. He attended daily afternoon tea – indicating membership to the residents' lounge community. He also took part in activities signifying his membership to communities of interest in both Segment ii and iii in Figure 41.

Next, the female resident whose social network was evaluated in Box 5, was also a member of many resident-only communities in the extra care setting that are represented in Segment iii in Figure 41. She was a member of the residents' lounge community – attending afternoon tea each day and resident-only communities of interest including the Rummikub club. She also attended the skittles club – a community of interest, represented by circle I in Segment ii. Additionally, she attended armchair exercises, holding membership to another community of interest, featuring residents and the wider community. This is represented by circle I in Segment iv. Finally, she met with her friends while in the café (circle CC in Segment vi) and met with family outside of the scheme (Segment vii).

The opportunity for residents to hold multiple community memberships was also possible for the residents in the care home. Chapter 5 introduced the possibility for residents to be members of three forms of household community within the care home. This would lead to the possibility for residents to hold membership to communities to three segments within the LTC community ecosystem presented in Figure 41. They could be members of the community in Segment ii (resident and staff household community), Segment iii (resident-only household community) and Segment vi (resident and family household community). Similarly, there was potential for the residents to be members of café communities that spanned across all three segments (Segment, ii, iii and vi) in Figure 41. There would also be opportunities for residents to be members of the communities of interest in Segment ii and iii and with their family and friends Segment vi and vii in Figure 41.

Therefore, Figure 41 offers a tool to understand the community ecosystem that existed within both schemes. The residents had many opportunities to interact and become members of different communities while living in the schemes. Many factors helped to

facilitate these communities. There were also barriers to the development of these communities. Appendix U offers a summary of some of the facilitators and barriers that have been presented in Figure 41.

6.9 Chapter Summary

At the end of the research, the residents were asked what they believed a community was. All of the participants agreed that both schemes were communities. This quote from a female resident highlights the complexity and the challenge involved with creating the communities that were discovered in the community ecosystems in both LTC schemes:

> *I think you make your own community really. You do. I don't think it's made for you just because you're all here. But you have to work at it like you do everything, marriage everything you do. Friendship* (Female Resident R8, The Care Home, August 2019).

Chapters 5 and 6 aimed to explore the process of creating and facilitating communities within both schemes. Creating a built environment that supported communities and providing social activities, enabled the development of communities within the LTC schemes. The different community formations were identified and presented as a community ecosystem (Figure 41).

Community capitals were available in both schemes, but they had to be transformed in order to develop the communities within the LTC community ecosystem. For most of the communities, there was a continual requirement of the capital resources to help develop the communities. Without these resources, there was the potential for the decline or the erasure of these communities. One-off events that helped to develop the LTC community differed as they required specific resources at different intervals. In all of the communities, human capital, both formal and informal was a key facilitator that was used to transform the community capitals into communities. The next chapter aims to interpret the results presented in Chapter 5 and 6. I will discuss my research findings.

Chapter 7 – Creating Communities within Long-Term Care Settings in the UK

7.1 Introduction

The purpose of this research, to investigate the development of a community ecosystem in a care home and an extra care setting for older people in the UK, was to provide an insight into the community creation process, a major research gap in these settings. The four research objectives guiding the research were outlined in Section 1.6.

The research adopted a pragmatic mixed-methods approach, collecting qualitative and quantitative data. Three phases of research were used to gain an understanding of the perspectives of those who worked in the settings (Phase 1), how the communal spaces in the settings were used (Phase 2) and the perspectives of the residents who lived in the settings (Phase 3). The methods employed were documentary analysis and interviews with key informants (Phase 1), built environment utilisation surveys alongside behavioural mapping (Phase 2) and interview and focus group discussions with residents (Phase 3). The data were transcribed, and the conceptual framework (Chapter 3) was used to guide the coding and analysis process. The research was able to identify the community capitals that existed in the two settings (Research Question for Phase 1), how the capitals interacted in the two settings (Research Question for Phase 2), and the sources of support available to the residents in each LTC setting (Research Question for Phase 3).

The key finding, derived from the analysis of the research results presented in Chapter 5 and 6, was that there was a community ecosystem within the sampled LTC settings that featured three forms of community (Finding 1). They were communities of interest, communities of place and an overall LTC community. Most of the identified communities could be classified according to their leadership structure (Finding 2). Each community required different capital assets to develop, however (Finding 3). Overall, it was the reciprocal relationships that developed between community members that helped to create and maintain the LTC communities (Finding 4).

This chapter analyses and discusses the research findings, identifying how they address the overall research aim – to investigate the development of a community ecosystem in LTC settings for older people. The chapter mirrors the structure of the literature review chapter (Chapter 2) and the conceptual framework chapter (Chapter 3) to explore the community creation process. It evaluates the identification (Chapter 2), creation (Chapter 2) and the measurement (Chapter 3) of the LTC communities.

First, the chapter discusses the identification of the three forms of community (communities of place, communities of interest and the LTC community) that were present within the LTC settings. These sections examine the relationship between the identified communities and the concept of community introduced in Chapter 2. Following this, the chapter then progresses onto an exploration of the development of the LTC community ecosystem.

Three sections are used to explore the development of the LTC community ecosystem. Each section focuses on one of the three identified community groupings. Each section, first, evaluates the link between the processes introduced in Chapter 2 that were suggested to create communities in LTC settings, and their influence on the creation of the communities in the sampled settings. Next, the sections assess the relevance of the initial inferences used to create the original conceptual framework against the development process for each identified community. Following this, the sections then present and discuss a revised section of the conceptual framework. As each type of community had a different development process, the outcome of these sections is three separate development diagrams. The sections conclude by addressing the implications of developing each type of community in an LTC setting.

Following this, there is a discussion surrounding the four findings from this research. After this discussion has concluded, the analysis from the development process for three community types is integrated, combining the three development diagrams to create an overall revised conceptual framework. This revised conceptual framework features the community groupings, their capital assets and the capital interaction processes, which led to the development of a community ecosystem within the sampled LTC settings. The conceptual framework is then evaluated based on the findings, its relationship to the community ecosystem diagram (Figure 41, Section 6.8), and then on its potential application for future studies. The chapter concludes with the contributions to knowledge, and it presents the potential limitations of this research.

7.2 The Concept of Community

Chapter 2 introduced the evolving nature of the meaning of community. It discussed the factors that helped to develop communities, those that helped to maintain communities, and it introduced four processes that demonstrate how providers can create communities within LTC settings. A key finding from this research was that three forms of community were identified in the LTC settings.

The first community identified in Chapter 5 were communities of place. Examples of communities of place were, the households in the care home, the resident-only community in

the extra care setting and the café communities in both schemes. These communities had functions consistent with the traditional communities of place presented in Section 2.2. They offered residents face-to-face communication; they were place-to-place (Wellman, 2001a) and living in close proximity presented residents with regular social interaction opportunities (Bessant, 2018).

While Section 2.2.1 suggested that there would be a decline in traditional communities of place (Mannarini and Fedi, 2008), this research suggested that in an LTC setting, traditional communities of place overlapped with the ideas of modern communities of place that were presented in Section 2.3. Rather than meeting their demise, the findings from the sampled LTC settings suggest that communities and their shared spaces shaped the lives of the residents (Green, 2016), functioning as a forum for the residents relationships and their support networks (Chaskin, 2013). Overall, the communities of place identified in this research highlight the role of modern communities of place to older people (Section 2.3.2). They were an important landscape for residents to participate in community life (Bowman, 2003).

The next community identified in the LTC settings were communities of interest. In Section 2.3.3, Lawthom and Whelan (2012) proposed a variety of characteristics that could be used to categorise communities of interest. In both schemes, the communities of interest that were identified were consistent with Lawthom and Whelan's (2012) idea of communities created around shared hobbies. These communities of interest can be further explained by the proposition from Evans (2009a) presented in Section 2.3.3. He argued that it is the lifestyle that binds the community together rather than the shared space. In the extra care setting and the care home, the communities of interest were developed and maintained around participation in social activities (hobbies).

Figure 42 displays a general representation of the communities identified in the two settings. Segment b features the communities of place, while Segment d contains the communities of interest. While Section 2.3.3 identified the possibility for communities of place and interest to overlap, the findings from this research suggest that they were generally separate entities in the LTC settings. In the communities of place, the focus of the communities was on participating in the shared spaces while in the communities of interest, the shared interest was what brought the group together. Segment c in Figure 42, would represent communities such as the cooking club presented in Chapter 6. This club (community of interest) met weekly in a household (community of place). Although this was the only example of having a community of interest in a community of place in the LTC settings, it does highlight the potential for these communities to overlap.

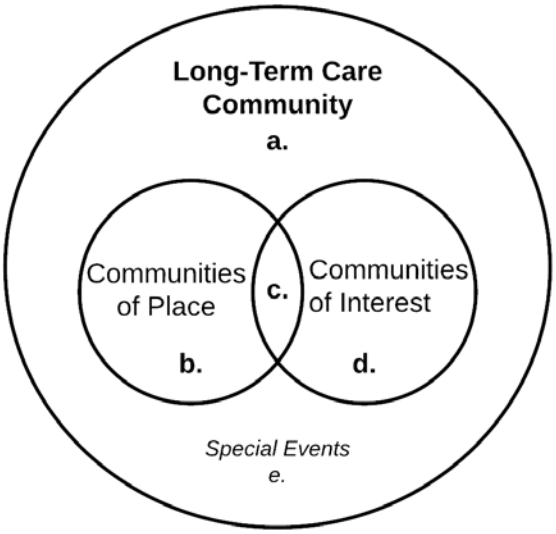


Figure 42. The Communities Identified within the LTC Settings (Source: Author, 2020)

Segment a in Figure 42 represents the overall LTC community. The LTC community was the third type of community identified in the research. It contained communities from segment b, c and d. It also contained special events (e) that brought those who lived in the settings together and added to the overall LTC community. Participating in special events meant that individuals could become members of the overall LTC community.

Due to the changing nature of the special events provided in both schemes, participation in the overall LTC community was not merely attributed to shared spaces and social institutions (Section 2.2) or shared interests (Section 2.3.3). Instead, the overall LTC community embodied the three characteristics of a community identified in Section 2.5 – shared spaces, social interaction and the potential for members to have shared interests.

7.2.1 The Complexity of Developing LTC Communities

Figure 42 is a simplified expression of the community ecosystem. It offers a static representation of the communities of place (Segment b in Figure 42) and the communities of interest (Segment d in Figure 43) identified in the LTC settings. This is due to the suggestion that the communities were a constant feature of the LTC settings providing social interaction opportunities for those who chose to participate.

In reality, the communities identified in the LTC settings were dynamic. This dynamism helped to create a community ecosystem that represented the ideas of modern communities of interest noted by Tyler (2006) in Section 2.3.3. Residents could be members of multiple communities within the schemes to fulfil different needs. The residents could belong to more than one community at the same time. Based on this idea, Figure 42 has been revised.

In Figure 43, the arrows demonstrate the movement of residents both in and out of these communities. Each resident had different circumstances which caused them to move into LTC. While there, different opportunities were available to them, allowing them to move in and out of the different LTC communities (a, b, c and d in Figure 43). Therefore, creating communities in LTC settings was a complex process, and different variables impacted on creating communities.

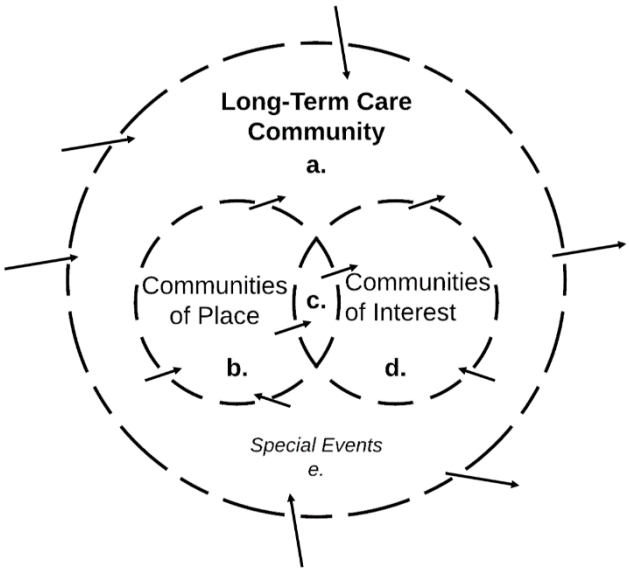


Figure 43. Movement by Community Members in the LTC Community Ecosystem (Source: Author, 2020)

A further factor that was revealed to increase the complexity of creating communities in LTC settings was that residents were not the only community members. The research revealed that care staff, family, existing friends and the wider community could hold membership to communities within the LTC community ecosystem. These individuals are also represented by the arrows in Figure 43. These individuals also moved in and out of the LTC settings. The participation by these individuals while in the LTC settings was also fluid and flexible.

The changing participation patterns by residents, staff, family, friends, and the wider community led to community structures that varied throughout the day, during the week, and there were also seasonal changes. For example, Christmas prompted extra events and extra possibilities to develop the community ecosystem.

7.2.2 The Complexity of Maintaining LTC Communities

Although Figure 43 represents the communities identified within the LTC settings, the research also revealed one factor that had the potential to impact on the maintenance of the LTC communities - community membership was not automatic. Not everyone was motivated to become a member of a community and living, visiting and working in the schemes did not

make people automatic community members. This would impact on the number of community members available to help maintain and sustain the community.

A further factor that has the potential to impact on maintaining the LTC communities are the dynamic LTC resident populations. For example, Forder and Fernandez (2011) identified that people had a 55% chance of being alive at the end of the first year after admission into a care home. Similarly, Moore et al., (2020) discovered that the proportion of deaths within one year of admission into LTC facilities was 42%. Alongside high death rates, there will also be the arrival of new residents and as residents age, there is greater potential for them to have an increasing impairment. All of these factors will have an impact on the LTC communities and the residents available and their abilities to maintain and sustain the communities.

Death and the arrival of new residents were not themes uncovered as barriers or facilitators to the LTC communities during my research. Future studies, however, may want to explore these topics, especially due to the increasing focus on death tolls in care homes as a result of the COVID-19 pandemic. This future research suggestion is explored further in Section 8.4.2.

The discussion above demonstrates how creating communities in the LTC settings was much more complicated than originally thought during this project's inception. The following sections aim to revisit the literature from Chapter 2 and 3 to address some of these complexities, furthering the discussion on creating communities of place, communities of interest and the LTC community in the LTC settings.

7.3 Creating Communities of Place

The first type of community that was present in the community ecosystem were communities of place. Section 7.2 suggested that these communities relied on the built environment to function as shared spaces forming the landscape for community life. Section 2.8 introduced four potential processes that could be used to create communities within LTC settings. The development of communities in the shared spaces in both settings suggests that the LTC settings used Process 1 – creating a built environment that supports community, to create communities of place.

The results indicate, however, that Process 1 of creating communities was not a standalone method. As although it was important and influential in the creation of communities of place within the sampled settings, the results highlighted the interconnected nature of the different processes. For example, when creating household communities in the care home, Process 1

– a built environment that supports community and Process 3 – respecting the importance of relationships, were combined.

It was the relationships (Process 3) that formed within the shared spaces (Process 1) that helped to create and maintain the communities of place. This corresponds to the literature presented in Section 2.5.2. Neal (2013) suggested that having groups in shared spaces did not lead to communities. It was the sustained levels of interaction that could lead to relationships which he suggested would lead to communities. Similarly, Section 2.6.2 highlighted how social participation by individuals in these communities helped to maintain the communities.

The interdependence between Process 1 and Process 3 was further evidenced in the development of resident-only household communities in the care home. For example, resident participation in the households led to relationships, and these relationships helped to transform the households into communities. An outcome of this was that household mealtimes provided residents with a homelike experience similar to what was detailed by Abraham et al. (2006) in the Green House settings in Section 2.9.1. Likewise, the friendships formed in the households were representative of the literature from Section 2.9.2. The households became locations for residents to regularly meet and form friendships (Brown, 2018; Paris et al. 2015). This suggests that combining Process 1 and Process 3 in the care home led to the development of resident-only household communities.

The interconnection of these two processes was also illustrated by the regular interaction between the staff and the residents in the care home households. Chapter 5 described how the care staff brought residents together, helping to facilitate the communities within the care home households. The staff used Process 3 (respecting relationships) to help residents to integrate into the household community (Process 1) playing a similar role as was suggested by Evans and Vallelly (2007) in Section 2.11.2.

Although the care staff in the care home were influential in performing Process 3 in the household communities of place, the results suggest that the care staff were not passive facilitators to the communities. Their role was not to just facilitate resident relationships. The care staff also became members of these communities. This highlights the similarities between the findings of communities forming based on relationships in the Eden Alternative (Section 2.11.1) to what was experienced in the care home households.

One main facilitator that influenced the success of Process 3 in creating communities of place in the care home was the consistent care staff. Section 2.11.2 highlighted how staff

and resident relationships can mirror the relationships that residents had before moving into care (Grenade and Boldy, 2008). Chapter 5 demonstrated that friendships had formed in the care home between residents and the care staff. Therefore, having consistent staff helped to generate meaningful relationships with the residents (Process 3) in the care home households (Process 1). This is analogous to the literature from Section 2.11.2, which suggested that in De Hogeweyk, the consistent care team developed relationships with the residents (Process 3) transforming the accommodation into a household (Process 1) (Bowman, 2008). Similarly, In the Green House accommodation (Process 1), a consistent team led to relationships developing (Process 3) between the residents and the staff (Cohen et al., 2016).

Section 2.11.3 suggested that if the importance of existing connections was respected (Process 3), that it could lead to these connections creating communities within the LTC settings (Process 1). In this section, Wiersma and Chesser (2012) presented potential methods of integrating family members into LTC settings. The findings from this research highlight that in the care home, family members contributed to the households at mealtimes developing relationships with the residents (Process 3), transforming the household spaces into a community of place (Process 1). Family members also helped to provide residents with informal social activities in the care home café. The role of the family in the care home, therefore, was synonymous to that discovered by Brown-Wilson (2009) who identified the role of family members in her studied care homes, as contributing to mealtimes and towards the life of the home.

While communities of place in the care home developed using Process 1 and 3, in the extra care setting Chapter 5 demonstrated that all four processes of creating communities (Section 2.8) helped to create the communal lounge community. The resident volunteers undertook roles (Process 4, Section 2.12) to provide daily afternoon tea (Process 2, Section 2.10) in the communal lounge (Process 1, Section 2.9.2). This led to the development of resident friendships (Process 3, Section 2.11).

The communal lounge community was also organically created, highlighting the independence of the residents. Residents created their own opportunities for social participation, and this helped to transform the lounge into a community of place. This suggests that residents in the extra care setting were able to use all four processes of creating communities introduced in Section 2.8 to create their own community of place.

The final community of place that developed in both settings were the café communities. Similar to the care home household communities, the café communities combined Process 1

and Process 3 of creating communities (Section 2.8). Chapter 5 highlighted how the cafés were informal meeting places for the residents and how residents used them to reinforce their existing relationships. Residents could mix and meet while in the communal spaces, and this helped them to develop relationships. This is consistent with the examples of how Process 1 was used to create communities in the communal spaces in the LTC settings as presented in Section 2.9.2.

In both settings, some of the café communities also used Process 4 (resident participation) to develop the community. In the care home, residents helped each other (Process 4), while in the extra care setting a resident volunteered (Process 4) and socialised with the wider community.

The examples above suggest that when creating communities of place, although LTC settings may have a built environment that supports community (Process 1), that other processes, such as the development of relationships in the communal spaces (Process 3), help to transform the spaces into communities.

7.3.1 Communities of Place and the Conceptual Framework

Section 7.2 identified the characteristics of the communities of place. Section 7.3 highlighted the processes that helped to facilitate the development of these communities. This section aims to relate the identified communities of place to the conceptual framework that was used to investigate how communities were created in the LTC settings.

Chapter 3 investigated the relevance of the CCF to LTC settings. As the CCF had not been used in LTC settings before, the chapter made inferences about the potential capitals that could be used to create communities in LTC settings. For the communities of place in this research, built capital was identified as an essential capital. In Chapter 3, the main sources of built capital in the LTC settings were identified as the communal spaces and the scheme's design. When making inferences about the forms of potential built capital available, Section 3.5.1 introduced the household communal spaces in De Hogeweyk scheme (De Hogeweyk, 2017) and the communal spaces in St Monica's Older Women's Cohousing Scheme (OWCH, 2017) as potential sources.

In the development of the original conceptual framework, the importance of built capital was not wholly realised. For example, in Section 3.11.1 in Figure 6, when spiralling up political capital, CQC regulations were suggested to have an impact on the initial creation of built capital. The figure proposed that if LTC settings had suitable built capital, then this could lead to bonding social capital between residents. Similarly, Section 3.11.2 highlighted how

spiralling up financial capital (initial funding) led to the development of LTC schemes. It suggested that in these newly created schemes, the scheme design could feature communal spaces for residents to meet and interact, leading to bonding social capital.

Both processes have built capital as facilitators to the communities rather than as capital foundations. They also take an anticipatory approach to built capital, highlighting how to create communities from the ground up. In this research, established LTC settings were evaluated rather than new settings. This suggests that this was an oversight when creating the original conceptual framework. As no studies had applied the CCF, the findings from this research help to reframe the original inferences that were made. The original framework also had the outcome of the capital interaction processes as one community, whereas this research has identified different types of community.

Similarly, the role of resident volunteers in the original conceptual framework was understated. In Section 3.7.1, based on inferences from the literature, volunteers were expected to help create communities. Figure 9 in Section 3.11.3 also demonstrated the potential for resident volunteers to develop bridging social capital with the wider community in Berryhill Retirement Village (Bernard et al., 2004). In the original conceptual framework, resident volunteers were classified as human capital. This research has identified a distinction between formal human capital (paid leaders) and informal human capital (volunteers). The importance of differentiating between formal and informal human capital when developing communities of place in LTC settings is explored further in Section 7.3.2 and 7.3.3.

Due to the findings from this research, the original conceptual framework has been revised. The next section introduces how these factors have been incorporated into the development diagram for the communities of place.

7.3.2 Conceptualising Communities of Place

Figure 44 presents one of the three components of the new conceptual framework. It details the process for creating communities of place within LTC settings for older people. The other two components account for the development process for communities of interest and the LTC community. These development diagrams are presented in Section 7.4.2 and Section 7.5.1, respectively. In all three diagrams, for greater clarity, each capital is represented by a different colour. Different shades of the same colour have also been used to distinguish between different forms of the same broad capital classification; for example, formal human capital is a darker shade of blue. In comparison, informal human capital is a lighter shade of blue.

In Figure 44, built capital is the foundation for all of the communities of place. These communities relied on informal gatherings in communal spaces in the two LTC settings. Each process of creating communities of place in Figure 44 required a different mixture of capital assets, however.

The first capital interaction processes that are presented in Figure 44 are capital interaction a and b. These interactions represent scenarios where no human capital was necessary to help to develop the communities. The distinction between capital interaction a and b in Figure 44 is, however, the notion of the external influence on the home. In the cafés and the residents' accommodation, residents had visits from their relatives and friends from outside of the scheme. Capital interaction a, therefore, represents the process used by the residents in the schemes to develop their external community connections. It also shows that when socialising with their family members in communal spaces, there were also opportunities to enhance the overall LTC community.

Capital interaction b, on the other hand, demonstrates how residents socialised in the households in the extra care setting and the cafés in both schemes. Socialising helped them to develop bonding social capital which led to communities of place which formed part of the overall LTC communities. Capital interaction a and b represent Process 1 – a built environment that supports community that was explored in Section 7.3. It demonstrates that it is still possible for communities to develop within the LTC settings when using minimal capital assets.

The results suggest, however, that there were barriers that could impact on the creation of communities that required capital interaction a and b in Figure 44. For capital interaction a, Chapter 6 highlighted the potential barriers to the development of external community connections. Residents who had family who lived a distance away were at a disadvantage. Similarly, those who had no family and friends would not be able to engage in capital interaction a.

If residents in both schemes wanted to join the café communities, (capital interaction b, Figure 44), then they would have to visit the cafés. A barrier to capital interaction b would be that it relies on residents to want to make the choices to visit the café and have the ability to get to the cafés. This corresponds with findings from Morlette and Parades (2020) presented in Section 2.9.2. They discovered that those who wanted to be part of the community might have to exert themselves. This suggests that although LTC settings have communal spaces, some residents could choose not to participate in them, impacting on their opportunities to become members of these communities.

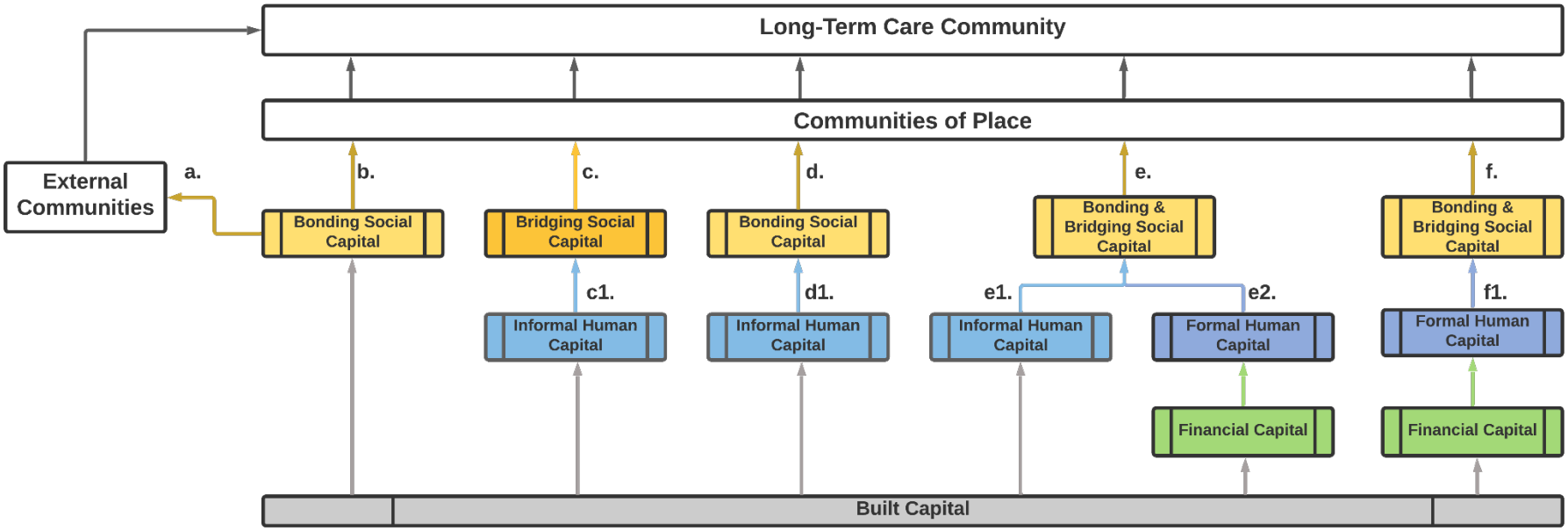
Chapter 5 also suggested that in the extra care setting, some residents had to pay for care if they needed assistance around the scheme. This would include if they wanted to go to the café. This suggests that those with mobility issues would have financial barriers to contend with. If these residents wanted to participate in capital interaction b, they would have to use capital interaction f in Figure 44 to supplement their membership to the café community. This is because they would have to pay for carers to take them to the café.

The next addition to the community creation diagram in Figure 44 is capital interaction c. It shows how the male residents' role (c1) in the extra care café helped him talk to the wider community generating bridging social capital. This can add to the café community and the overall LTC community. Although this was identified as a potential interaction, Chapter 5 demonstrated how there was limited interaction observed between the wider community and the residents in the extra care café.

Capital interaction d in Figure 44 represents an interesting capital spiral that can create communities of place. This is because it is a development effort where the scheme had no input. Section 7.3 highlighted the role of the residents and family in creating these communities. It suggested that combining Process 1 and Process 3 helped to create household communities in the care home featuring residents and their relatives. In the communal lounge community, however, all four processes were utilised to create the community. This suggests that although different processes were required, they are still represented by the same capital interaction process (capital interaction d) in Figure 44.

Capital interaction e in Figure 44 is an addition to this process for the communal lounge community. If residents in the extra care setting had mobility issues, they would have to pay for care to be able to attend the afternoon tea. This issue is discussed further in Section 7.3.3.

Capital interaction f is the final interaction process presented in Figure 44. It demonstrates how the care staff in the care home households and in the cafés helped to create communities (Section 7.3). The relationships between residents and staff (Process 3) that developed within these shared spaces (Process 1) led to both bonding and bridging social capital. This led to communities of place that existed within the LTC communities.



a.	b.	c.	d.	e.	f.
• Residents socialise with members of their existing communities in the ***care home*** café	• Residents socialise in the lounges in the ***care home*** households	• While volunteering in the ***extra care*** café, a resident **(c1)** interacts with the wider community	• Residents **(d1)** organise social afternoons in the communal lounge in the ***extra care setting***	• Residents in the ***extra care setting*** have to pay for care staff (**e2)** to assist them to the social afternoons run by residents **(e1)** in the communal lounge	• Care staff **(f1)** socialise with residents in the ***care home*** households
• Residents socialise with members of their existing communities in the ***extra care*** café	• Residents socialise in the ***extra care*** café		• In the ***care home*** households, relatives **(d1)** socialise with residents		• Care staff (**f1)** socialise with residents in the ***extra care*** café
• The ***extra care*** café is used as a meeting place for the wider community	• Residents socialise in the ***care home*** café		• Relatives socialise with residents in the ***care home*** café		• Care staff **(f1)** socialise with residents in the ***care home*** café
• In both schemes residents socialise with their existing communities in their private accommodation	• Residents in the **care home** have spontaneous encounters in the café area		• Residents **(d1)** help others in the café in the ***extra care setting***		• In the ***extra care*** setting residents may have to pay for carers **(f1)** so they can socialise in the café
			• Residents **(d1)** help others in the café in the ***care home***		

Figure 44. The Capital Interaction Processes for Creating Communities of Place in LTC Settings (Source: Author, 2020)

7.3.3 Communities of Place – Capital Assets

All of the capital interaction processes in Figure 44 rely on the availability of built capital. As explained in Section 7.3.2, capital interactions a and b did not need a source of human capital to develop. The other processes, however, required human capital (people) and different capital assets to combine to lead to the communities. In the extra care setting, interactions c, d and e relied on residents to undertake informal human capital roles. In the care home, capital interaction d relied on relatives to form sources of informal human capital in the home. This helped to facilitate interaction leading to social capital and communities.

Each setting had different capital endowments that were available to facilitate the communities. The extra care setting had a lower dependency of residents than the care home (see Chapter 4), so this increased the opportunities for residents to form potential sources of informal human capital in this setting. In the care home, capital interaction d, however, demonstrates how family members were a source of informal human capital. They helped to support residents and provided them with informal social activities in the care home communal spaces. In this research, the role of the family in the extra care setting was not uncovered. These examples highlight the importance of informal human capital when creating communities in LTC settings.

Both settings also had different sources of formal human capital. In the care home, care staff were important in the development of communities of place. This is represented as capital interaction f in Figure 44. In the extra care setting, care staff are represented in capital interaction e and f in Figure 44. There was a difference, however in the role and funding of formal human capital in the two settings. In the care home, Section 7.3.1 highlighted the importance of consistent staffing. The wages for these staff would be factored into the residents fees, so it is not a factor that should restrict participation by residents in the scheme who are self-funding.

In the extra care setting, residents with mobility issues may have to pay for carers in order to gain access to communities of place. This is because the extra care scheme offers accommodation and residents can pay for assistance if they need it. In contrast, residents have access to accommodation and care in the care home. Residents in the extra care setting would, therefore, have to pay for companionship in the café (capital interaction f), and they would also have to pay to get assistance to the communal lounge afternoon tea (capital interaction e). This demonstrates that there are differential costs for membership across the two settings. A further consideration is that those with mobility issues in the extra care setting will have to keep paying to attend any informal gatherings in the communal spaces.

As afternoon tea was a daily event, some residents may not be able to pay each day to attend it. This can limit their participation opportunities and their opportunity to become a member of this community.

7.3.4 Creating Communities of Place – Implications

The communities of place identified above are one form of community present within the LTC community ecosystems. The preceding discussion has highlighted the interlinked processes of creating communities (Section 7.3.1) and the capital interaction and capital assets required to create these communities (Figure 44). Identifying these communities and the factors that influence their growth has implications for LTC providers, future academic research and policy.

For non-purpose-built LTC schemes which aim to create communities of place, the findings indicate that spaces within the scheme can be multifunctional. They can be used by different groups at different times, forming gathering and meeting points. Figure 44 also demonstrates how having a suitable space can lead to the growth of different communities. These findings imply that providers who currently run non-purpose built LTC schemes can focus on the built environment and evaluate any underutilised communal spaces. This can allow them to see why spaces are not being used and what can be done to help unlock their potential as communities of place. The possibility to transform the purpose of the existing built environment, also suggests that creating communities within LTC settings can be a process that requires minimal resources.

The next implication for LTC providers relates to the role of people. People helped to facilitate the communities of place. In both settings, volunteers (residents and family members) played an invaluable role and were influential in developing the place-based communities. As both schemes had limited budgets and finite staff, LTC settings could explore how they can encourage voluntary leaders and offer them support in their roles. Adopting this approach highlights how LTC providers can hire volunteers, in contrast to finding the budget to hire additional staff to perform this function.

The final implication for LTC providers relates to the consistent care teams who were central to developing place-based communities in the care home. The preceding sections have discussed the implications of having an agency workforce on the growth of household communities. The findings from this research indicate that in LTC settings that feature care staff, there is potential value in prioritising the development of a valued permanent workforce. This workforce can help create communities within these settings, so providers should find ways to incentivise permanent employment.

Understanding the processes that lead to communities of place also has implications for future academic research. First, the communal spaces were identified as the location for not just one community of place but also for many. This could lead to a foundation for future research relating to the motivations for community groups to use the space and exploration of how the different users navigate the spaces within the LTC settings. The next implication for future academic research relates to how LTC settings can bring the wider community into the care home. Chapter 1 presented the idea that there could be community hubs alongside creating a community within the home. Both schemes have demonstrated the community within the home. Future academic research could focus on how LTC schemes can create community hubs. This idea is explored further in Section 8.3.6.

The final implications of this finding are for policy. Section 3.6.1 detailed how Local Authorities funded some residents in LTC, while others were self-funders. In the extra care setting, those with health issues, and who were self-funders had to pay for assistance to attend events. If the aim is to create communities within LTC settings, the future policy agenda should explore measures that could bridge the funding gap for these individuals. This can help to promote inclusivity within the LTC schemes.

The next implication for policy relates to the inequalities of access across and within the ASC sector. Both of the LTC settings in my research utilised the built environment and created communities of place. These were purpose-built communities that had high initial financial capital outlays for the scheme providers and the residents also had to pay substantial fees to be able to live within the schemes and become community members. This suggests that funding (financial capital) will have a direct impact on being able to create new communities in LTC settings and also on the people who will be able to afford to live in these schemes. The future policy agenda, should, therefore, not only incentivise investment in housing but also help to broaden choices and promote good quality housing for those who may currently be unable to afford to pay to live in a community-focused scheme similar to the ones in my research.

Another policy implication relates to the regulation of the spaces in the extra care setting. The document analysis presented in Chapter 4 highlighted how the CQC inspection reports for the extra care scheme were for the care providers, rather than the providers of the LTC scheme. This means that in the extra care setting, the CQC only regulates the provision of care. On the other hand, in the care home, the CQC regulates both the provision of care and the premises. The findings have indicated the importance of the physical environment and the communal spaces on developing the place-based communities in these settings. This

suggests that the CQC could regulate the communal areas in these settings, exploring how the spaces can promote community.

The final policy implication relates to the EHCH guidance from NHS England (2020) presented in Chapter 1. This guidance advocated for the development of new and existing community assets in residential care settings for older people to help support resilience and independence. Figure 44 demonstrates different avenues for capital interaction. Not only has this research, therefore, identified assets in LTC settings that can lead to communities, but it has shown how these assets can be combined to create communities of place. This suggests that there is the possibility for the CCF to be used to explore developing new and existing community assets in residential care settings for older people.

7.4 Creating Communities of Interest

The second form of community present in the LTC community ecosystem were communities of interest. In both settings, there were various communities of interest. Section 7.2 suggested that shared activities were the glue that bound these communities together. Chapter 6 highlighted how each of the communities of interest was classified according to leadership structure. In the LTC settings, there were resident-run, scheme-run, resident and scheme run and externally-run clubs, all of which had the potential to be communities of interest.

These leadership classifications were important as they impacted on the relevance of the four processes introduced in Section 2.8, that could be used to create the communities within the LTC settings. Overall, Process 2 (creating opportunities for social activities), Process 3 (respecting relationships) and Process 4 (enabling resident participation) from Section 2.8 of how to create a community were identified as important as they helped to develop the communities of interest in the LTC settings. These processes were also interlinked.

The results from Chapter 6, suggest, however, that Process 4 of how to create a community in LTC settings – enabling resident participation in decision making (Section 2.12.1) was the most influential process that helped to create the communities of interest. This was because resident involvement in decision making about scheme-run activities (Process 4) influenced the activity offerings (Process 2) in both schemes. The results suggested that resident involvement led to activities residents wanted to attend, helped them to form friendships at these activities (Process 3) and led to communities of interest.

Alongside enabling resident participation through decision making (Section 12.2.1), Process 4 also called for the schemes to enable residents to participate in the schemes through the roles that they could undertake (Section 12.2). This function of Process 4 was influential in developing resident-run and scheme/resident-run communities of interest. As with the resident-run communities of interest presented in Section 7.3, resident-run communities of interest were organically created. They were created by the residents rather than by the scheme. This suggests that the word 'enable' would indicate that the LTC settings helped to facilitate these communities. Unlike the resident-run communities of place, some of these communities of interest took place in residents' apartments. This means that the schemes would have had minimal influence on the communities. Instead, when referring to these resident-run communities of interest, Process 4 could be rephrased to resident participation through roles.

On the other hand, the collaboration between residents and the scheme staff, demonstrated in the skittles club in Chapter 6, highlights what it means to enable resident participation through roles (Process 4). The support from the activity coach given to the resident volunteers led to activity offerings that the residents enjoyed.

The examples above suggest that Process 2 – creating social activities, although important to help create communities of interest, was intertwined with Process 4 – enabling resident participation. The interconnection between these processes needs to be understood to help create successful communities of interest in LTC settings for older people.

While shared activities and mutual interests have been attributed to creating interest-based communities and a sense of community among residents living in LTC schemes (Evans and Means, 2007; Callaghan et al., 2009), my research takes these findings further, arguing that staff were also members of these communities. Past studies argue that in LTC schemes, there were communities of interest for the residents living in the schemes. These studies have failed to recognise the activity coordinator's role and the staff who mobilise these communities. In my research, in both schemes, there were reciprocal relationships that had formed between residents and staff within these interest-based groups and friendships, demonstrating that staff within the LTC settings were community members.

One factor that was a theme running throughout the creation of communities in LTC settings for older people was the health status of the residents. For schemes to utilise Process 4 to create communities of interest, there will be greater reliance on the enabling notion of Process 4 based on the changing health status of the resident volunteers. While Section

12.2 highlighted the potential benefits of having resident volunteers, it failed to capture the true extent of health issues on creating these communities.

Callaghan et al. (2009), however, discovered the impact of the health of the residents on their ability to lead resident-run events. They suggested that the health of residents would impact on their ability to continue in the role of organising events and clubs. They also suggested that staff were needed to help support residents, forming an enabling role.

Similarly, Evans and Vallelly (2007) discovered that residents' health status impacted the availability of tenant-organised events in Westbury Fields Retirement Village. This suggests that as schemes develop and the residents' health status change, the sources of informal human capital may need to be re-evaluated. The schemes need to understand how they can support these communities and determine if support from the scheme is what these communities require to continue to exist.

7.4.1 Communities of Interest and the Conceptual Framework

Section 7.2 presented the characteristics of the communities of interest identified in this research. Section 7.4 suggested that communities of interest could be classified according to their leadership structure. This section aims to identify the relevance of the original conceptual framework for this research to the development process of communities of interest identified in the two LTC settings.

The results from this research suggest that the inferences used to create the conceptual framework led to a framework that had greater alignment to the development process for communities of interest in the LTC settings, in contrast to the development process for the communities of place, as discussed in Section 7.3.1. One example of this is the financial capital spiralling up process that was presented in Section 3.11.2. Figure 8 in Section 3.11.2, suggested that the residents fees paid for dedicated activity staff which had the potential to lead to bonding social capital between residents and bridging social capital between residents and the activity staff. This illustration is mostly representative of the development process for the scheme-run communities of interest identified in both settings. The process is, however, missing built capital, a feature identified within this research that was used as a place for social activities to be held.

Similarly, Figure 7 in Section 3.11.2 proposed that the residents in Berryhill Retirement Village paid for activities (financial capital), and this led to the development of bonding social capital between the residents in attendance. This capital interaction process is similar to that used to develop externally-run communities of interest in the extra care setting. Again, it is

missing built capital, but it is also missing the community leader (human capital) and the potential for bridging social capital to develop between residents and the wider community.

There were still clear omissions in the original conceptual framework that this research identified as relevant to the development process for communities of interest in the LTC settings. The first was that although political capital was identified as the foundation for creating communities, the discussion in Section 3.12 presents a different interpretation than what was discovered in this research. It does not highlight the essential nature of residents' influence and the political capital they held as a collective group to influence the development of the communities of interest within the schemes.

The next issue with the original conceptual framework relates to the broad nature of human capital. Section 7.3.1 has already highlighted how the original conceptual framework lacked a distinction between formal (paid) and informal (unpaid) human capital. This was also an important consideration that was relevant for communities of interest, especially because these communities were classified based on the leadership structure. It was, therefore, important to be able to distinguish between the types of human capital relevant to creating communities in these settings.

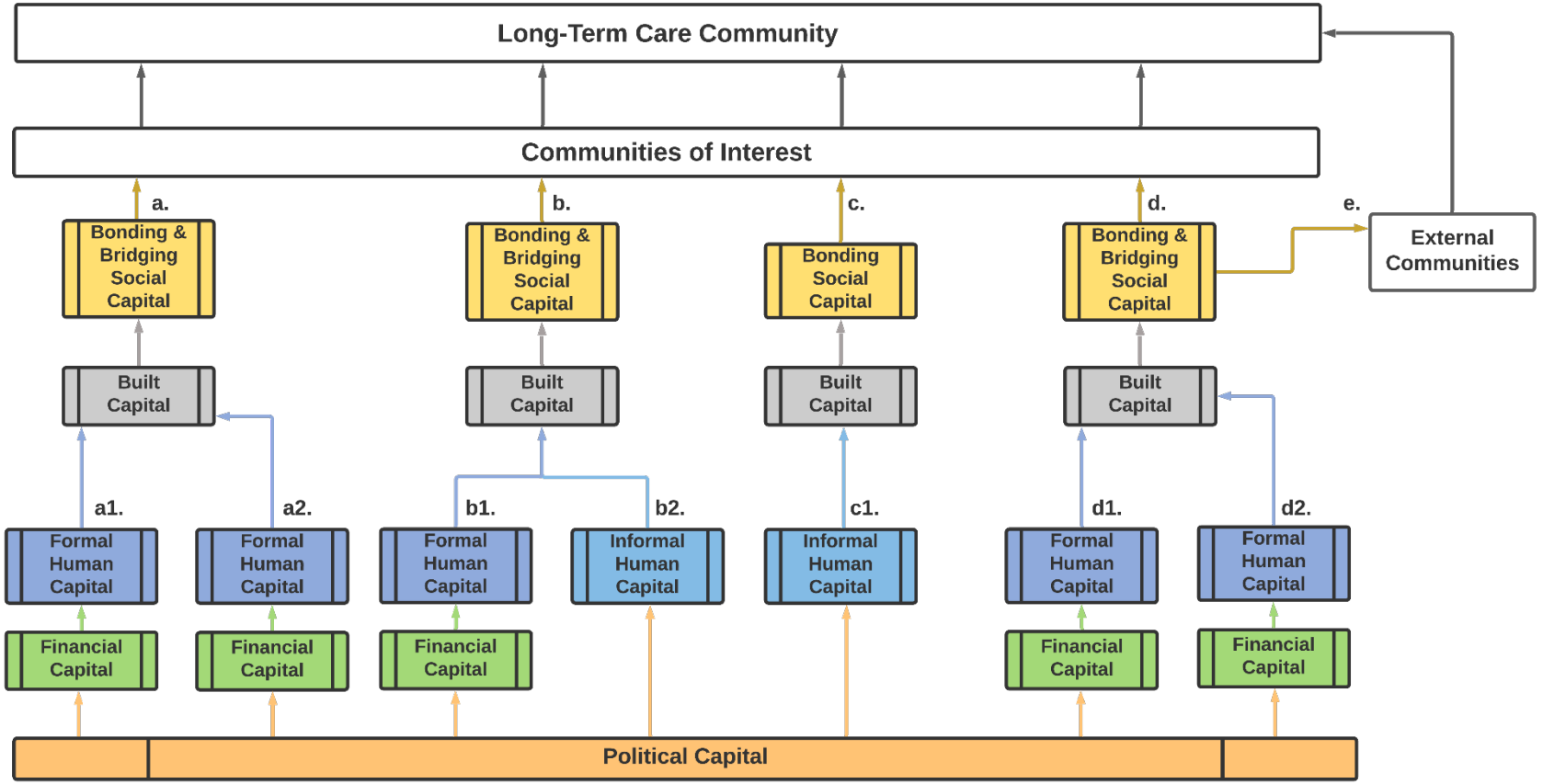
7.4.2 Conceptualising Communities of Interest

Figure 45 is the second component of the new conceptual framework. It presents the process of creating communities of interest in LTC settings. It features scheme-run (a) resident and scheme-run (b) resident-run (c) and externally-run (d) communities of interest. In capital interaction a, the settings have to hire staff (a1) who can create activities that lead to communities. In capital interaction b, staff (b1) and residents (b2) join forces to create communities of interest. In capital interaction c, residents (c1) create their own communities. Furthermore, in the final capital interaction presented in Figure 45, residents in the extra care setting have to pay to go to externally-run clubs (d1).

Figure 45 highlights the influence of Process 4 on creating communities of interest in the LTC settings. First, it does this by presenting political capital – the residents' influence – as the foundation for all of the communities of interest. Next, it presents the role of residents in the capital interaction processes for scheme/resident-run activities (b1) and for the resident-run activities (c1).

The diagram also presents capital interaction processes that are only relevant to creating communities of interest in the extra care setting. First, capital interactions a2 and d2 are interactions that are only relevant to some of the residents in the extra care setting. For

those who require care, they will also have to pay to be transported to the clubs. Next, capital interaction e also demonstrates the potential for external community influence in the extra care setting. It demonstrates how the wider community can use the activity room for their own communities, and this can enhance the wider community and the LTC community.



a.	b.	c.	d.	e.
• In the ***care home*** the activity coach **(a1)** runs social activities	• In the ***care home*** the care staff **(b1)** support the residents **(b2)** to run the dominos club	• In the ***extra care setting*** residents **(c1)** organise their own activities and clubs	• In the ***extra care setting*** residents pay to attend activities organised by the wider community **(d1)**	• The wider community run clubs in the ***extra care setting***
• In the ***extra care setting*** the activity coordinator **(a1)** runs social activities	• In the ***extra care setting*** the activity coordinator **(b1)** and the residents **(b2)** run the skittles club		• Some of the residents in the ***extra care setting*** have to pay for carers **(d2)** to assist them to these activities	
• Some of the residents in the ***extra care setting*** have to pay for carers **(a2)** to assist them to activities				

Figure 45. The Capital Interaction Processes for Creating Communities of Interest in LTC Settings (Source: Author, 2020)

7.4.3 Communities of Interest – Capital Assets

In Figure 45, there are different types of capital assets that are required to develop the different communities of interest. Capital interaction c in Figure 45, represents the community creation process that required the smallest amount of the different capital assets. This was because this process represented the resident-run activities, so residents (c1) volunteer and they do not receive a salary (financial capital), unlike the formal human capital in the development of the other communities of interest. Although the development of this community requires the least diversity in the capitals, it is not a straightforward development process as the schemes do not lead these processes. This was an idea illuminated in Section 7.4, as the section proposed that for most of the communities of interest, the schemes did not 'enable' their creation. Instead, the residents created the clubs, provided the activities and were the leaders of these communities.

Capital interactions a2 and d2 in Figure 42 represent the processes of less mobile residents paying for assistance to attend the communities of interest in the extra care setting. This suggests that as with the assets required for communities of place (Section 7.3.3) that some residents in the extra care setting had to pay to become a community member. The difference, however, between membership to the communal lounge community presented in Figure 44 (capital interactions d and e) and membership to communities of interest (Figure 45), is that the clubs in the extra care settings run less often. They usually had a weekly or biweekly frequency. This suggests that the less mobile residents would have a smaller financial burden if they wanted to participate in communities of interest in the extra care setting than would be required by them to participate in the communal lounge community of place as it was a daily social gathering.

7.4.4 Communities of Interest – Implications

This research has identified communities of interest in both schemes. Identifying the factors that helped these communities develop and the processes required for their development presents implications for LTC providers, future academic research and policy.

The key implications for LTC providers centre around the role of the residents. This research suggests that the residents should be placed at the heart of the community creation process. Activities will not be successful if residents are not involved in decision making. LTC schemes need to find methods that encourage residents to make decisions and ultimately focus on resident engagement, providing activities that the residents want to do.

Identifying resident-run communities of interest within the LTC schemes adds further weight to the implications of developing resident-run place-based communities (Section 7.3.4). LTC schemes need to understand the support they can provide resident leaders, and schemes should explore how they can help residents create their own communities.

The final implication for the LTC settings relates to the barriers to participation. In the extra care settings, residents had to pay for assistance to attend events. LTC schemes should explore measures that can help residents to attend these events. LTC settings also need staff who can motivate residents to join in and who can integrate with the residents, becoming part of the communities. Ultimately, the results demonstrate that LTC schemes should attempt to reduce the barriers to resident participation and promote social interaction as this can help residents connect with the communities within the schemes. A workforce interested in developing relationships with the residents will be important to help achieve this aim.

Identifying resident-run communities of interest within the LTC settings also has implications for future academic study. The rationale for this research centred around the idea that LTC providers wanted to create communities. The findings from this research indicate that residents also created their own communities. Future studies could explore the residents' motivations for wanting to create communities within LTC settings. This idea is explored further in Section 8.3.5.

There are also policy implications. Further to the implications for NHS England (2020) guidance about developing community assets relevant to place-based communities (Section 7.3.4), this finding offers an insight into the different assets that were required to create communities of interest than were required to create communities of place.

7.5 Creating the LTC Community

The results suggest that the overall LTC community was a landscape where communities of place and communities of interest coexist. It represents the elements of modern communities highlighted in Section 2.3.3. For example, it was a forum for support (Chaskin, 2013). It was also a shared space where the residents could participate in community life (Wellman, 2001a). One avenue for participation which rather than adding to a specific community of place or of interest, as was indicated in Section 7.3 and 7.4, were the opportunities for special events that added to the overall LTC community.

These special events required Process 2 – opportunities for social activities and shared experiences and Process 3 – understanding the importance of relationships (Section 2.8); to

combine to enhance the overall LTC community. Chapter 6 detailed the process of creating these special events and how they added to the overall LTC community. The literature from Section 2.4 highlights why these events should not be classified as interest-based or place-based communities. This is because each scheme provided different events. Some may have been created around shared interests, but others were not. The overall LTC setting was instead a venue for social interaction (Section 2.5.1). The social interaction indicated in Chapter 6 at the Christmas events in both settings, highlights the potential for social interaction through the provision of scheme-wide special events (Process 2).

The difference between the special events and the two other forms of community creation is that they are not regular; they are ever-changing. They do, however, offer residents an opportunity to interact socially (Mattarita-Cascante and Brennan, 2012). Section 2.6.2 highlighted how social participation could lead to shared experiences which can lead to togetherness (Neal, 2013) and celebrations (Section 2.6.3) which can lead to a sense of community (Schreider et al., 2013). This suggests that through the provision of one-off special events, the residents in both schemes had opportunities to participate in events with people from the whole LTC scheme. This would help to enhance the development of the LTC community.

7.5.1 Conceptualising LTC Communities

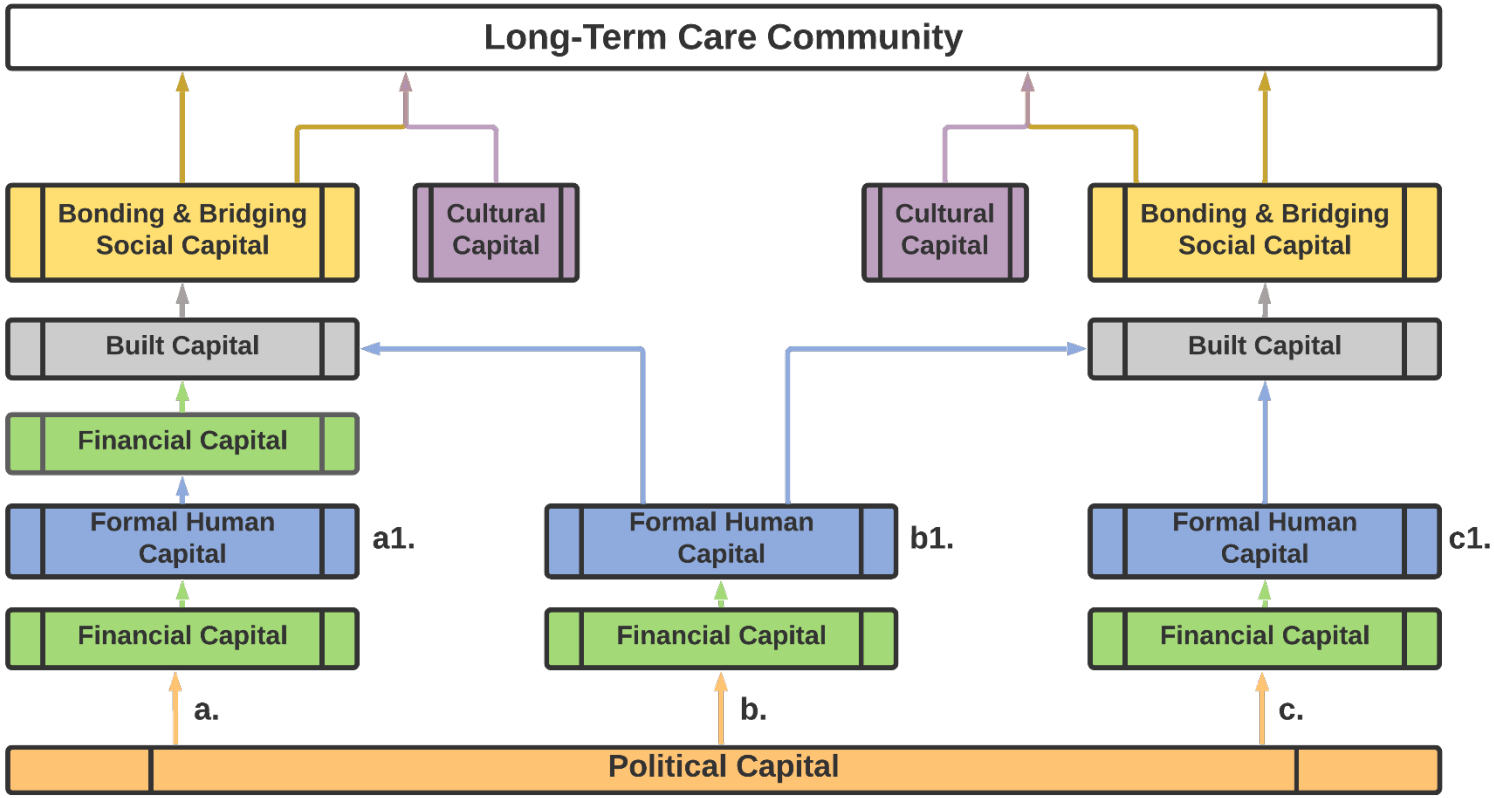
The original conceptual framework suggested that spiralling up the community capitals would lead to the development of an LTC community (Section 3.12). The conceptual framework diagram (Figure 11, Section 3.12), presented human capital as a community facilitator. Political capital was introduced as the founding capital to create communities in LTC settings.

Figure 46 represents the capital interaction process for special events that can add to the LTC community. It has similarities with the original conceptual framework due to political capital forming the foundation of the LTC community. It also presents human capital as facilitators that can help to create communities. Capital interactions a and c represent similar processes that can be used to develop the overall LTC community. Both processes require formal human capital (a1, c1) to plan the events. This is a difference with the original diagram (as mentioned in Section 7.3.2 and 7.4.2), as the research identified two types of human capital, formal and informal.

For capital interaction a, however, additional financial capital was required to pay for the entertainment. In the original conceptual framework (Section 3.12), multiple streams of financial capital were not identified. Both processes also use built capital as venues for the

activities. This led to bonding social capital between groups of residents, and groups of staff and bridging social capital between residents and staff. Figure 46 also demonstrates how celebrating traditions such as Christmas, can generate cultural capital.

The difference between developing the overall extra care and care home community, however, relate to a common theme running throughout the creation processes of all of the types of community identified in this chapter. Residents who require assistance would have to pay for care to go to the external entertainment events (capital interaction a, Figure 46) and other one-off events (capital interaction b, Figure 46). The higher financial capital burdens for less mobile residents in the extra care setting could limit their participation which could also limit the development of the overall LTC community in this setting.



a.	b.	c.
• In the ***care home*** the activity coach **(a1)** hires external entertainment for special events	• Some residents in the ***extra care setting*** have to pay for assistance **(b1)** to attend the special events	• In the ***care home*** the activity coach **(c1)** provides special events
• In the ***extra care setting*** the activity coordinator **(a1)** hires external entertainment for special events		• In the ***extra care setting*** the activity coordinator **(c1)** puts on special events

Figure 46. The Capital Interaction Processes for Creating the LTC Community (Source: Author, 2020)

7.5.2 Creating the LTC Community – Implications

Alongside creating different communities within the LTC schemes, this finding suggests that one-off special events can contribute to developing an LTC community. This form of community also presents implications for LTC providers, future academic research and policy.

For LTC providers, as these events can bring the whole scheme together and create a scheme community, a focus should be placed on one-off events alongside the regular schedule of activities. For future academic research, one-off events and activities pose a challenge when it comes to human capital. The research has highlighted how staff, other than the hired activity coaches, created one-off events in the LTC setting. Assuming that the staff volunteer to do this job, and it is not a requirement of their job role, it blurs the line between formal human capital and informal human capital. Future academic research could seek to explore this difference, examining the role of staff in developing the overall LTC community.

The first implication for policy relates to the funding for one-off events. The LTC schemes had limited budgets to provide special events. As Local Authorities pay for some residents' care needs, this finding suggests that Local Authorities could also provide funding that would allow one-off events to be put on, which will offer opportunities for the residents to be involved in community life. The second policy implication relates to the EHCH guidance by NHS England (2020), as discussed in Section 7.3.4 and 7.4.4. In this instance, when creating the overall LTC community, this research has demonstrated that different capital assets were required in the care home compared to the extra care setting. This highlights the complexity of creating an overall LTC community in different LTC schemes and poses challenges for future community creation efforts.

7.6 A Summary of the Research Findings

The previous sections have explored the processes and the capital interactions required to create communities in the LTC settings. The following sections discuss how exploring the development of a community ecosystem in two LTC schemes has led to four research findings.

7.6.1 Research Finding 1

Finding 1: The LTC settings had a community ecosystem featuring different communities

The main finding from this research was that there was a community ecosystem in the LTC settings that featured three different types of community. They were place-based (Section 7.3), interest-based (Section 7.4), and there was also an overall LTC community (Section 7.5). This finding builds on the existing evidence of identifying communities within LTC settings for older people. Although an ecosystem of communities has not been explored in a single setting study, in the study of a retirement village in Buckinghamshire in the UK, Bernard et al. (2012) highlighted that the retirement village was a place where communities of interest and communities of place collide.

Identifying a community ecosystem featuring both place-based and interest-based communities challenges the findings from Evans and Means (2007). They argued that rather than shared living spaces, communities within Westbury Fields Retirement Village were developed around shared interests and lifestyles. They suggested that the residents in the retirement village constructed their lives around a few communities of interest.

A potential explanation for this difference could be due to the large scale of the retirement village in the study by Evans and Means (2007), in contrast to the smaller scale of the two LTC settings in my research. Evans and Means (2007) identified the differences in tenure, housing option, and the residents' health status as factors that impacted on the sense of community in the village. The differences between the findings from Westbury Fields Retirement Village (Evans and Means, 2007) and my research, highlights the importance of exploring community creation in different settings. This is because different factors impacted on the development of communities, across different LTC schemes with different resident characteristics.

7.6.2 Research Finding 2

Finding 2: Most of the LTC communities were classified according to their leadership structure

The next finding from this research was that most of the communities identified in the two settings were classified according to their leadership structure. Section 7.3.3 and 7.4.4 demonstrated how staff and residents were the main leaders for the LTC community groups. They helped to create communities of interest and communities of place. Staff were also influential in the development of the LTC community (Section 7.5.1). This finding adds to the existing evidence-base. It provides support to a common theme within the literature of residents setting up and leading their own activities, leading to resident-only communities of interest (Callaghan et al., 2009; Croucher et al., 2003; Evans and Means, 2007; Evans and Vallelly, 2007; Nielson et al., 2019).

Having different communities with different leadership structures presents many implications for creating communities in LTC settings. These have been explored in Section 7.3.4 and Section 7.4.4. Overall, distinguishing between the people who can help to develop communities in LTC settings can influence the focus for community creation efforts, and can help LTC schemes to prioritise the creation of different communities.

7.6.3 Research Finding 3

Finding 3: Each community required different assets to develop

The third finding from this research was that each community required different capital assets to develop. Figure 44, 45 and 46 demonstrate how different combinations of assets, led to the growth of different communities. This was an important finding as using the same assets could lead to different types of community. The communities of place relied on available spaces, while the communities of interest required people to lead the clubs. One-off special events also required people to organise the events but having limited sources of financial capital reduced the diversity of events and were a barrier to the development of the LTC community. Therefore, how spaces are used, the roles people undertake, and the allocation of the communities assets are all factors that were identified to impact on the development of communities within the LTC schemes.

The results indicated that although most of the communities presented in this chapter required human capital to help facilitate their growth, that there was not always a requirement for human capital to help develop communities within the LTC settings. Having a range of amenities provided opportunities for the residents in the care home to have spontaneous encounters. These spontaneous encounters helped residents to develop relationships. Section 5.3.3 highlighted the role of the café as helping residents to meet new people. This finding is consistent with the literature that discovered that communal amenities helped promote spontaneous interaction in LTC settings for older people (Bernard et al., 2007; Callaghan et al., 2009; Evans and Vallelly, 2007). This suggests that spaces within LTC schemes that promote interaction can help to develop communities using minimal capital assets.

Although the extra care scheme was built at the heart of an existing community, the results suggest that there was less of a role of spontaneous interaction for the residents. Previous studies have suggested that having schemes open to the wider community could lead to resistance from residents and hostility towards them for using the facilities (Callaghan et al., 2009; Croucher et al., 2003; Evans et al., 2017). My research, however, did not lead to this conclusion. The residents' preferences influenced their use of the café and the communal

amenities. As the residents already had a location to drink hot drinks (the communal lounge) and facilities to make their own food (their apartments), using facilities open to the public was not always necessary. Due to the small sample of residents, the views about the use of the facilities may differ from the other residents who lived in the scheme. Sharing facilities with the wider community could be an issue for some, but my participants did not highlight resentment towards the wider community for having to share their facilities. Instead, it was the characteristics of the assets available that influenced the use and, therefore, the development of the communities in the LTC setting.

This research has also revealed that human factors from the CCF, intangible capital assets were just as important as the material factors in helping to create communities within LTC settings. The main intangible capital asset that promoted the growth of communities was political capital. Political capital was represented by residents influencing the activity offerings, becoming members of the LTC communities, and creating their own communities. This highlights that in both settings, the residents were empowered to make choices, and they influenced the development of the communities. This empowerment is representative of the empowering members domain of the CCF (Chapter 3).

Influence was also introduced as an important component of a sense of community in Section 2.6.3. The influence that the residents had in both schemes as demonstrated by political capital being the founding capitals for the communities of interest and the LTC community (Figure 44 and 45, respectively), highlights the potential for the LTC settings to foster a SOC. In Section 2.6.3, a SOC was also presented as a measure of a community's wellbeing (Block, 2018). Based on this research, the influence that residents had in the schemes, therefore draws attention to the possibility of wellbeing being derived from residents playing a role in the development and the maintenance of the LTC communities.

Overall, research finding 3 has implications for policy relating to the EHCH guidance from NHS England (2020). Not only has this research identified the community assets, but it has also demonstrated how the allocation of these assets can influence the development of different communities in the LTC settings.

7.6.4 Research Finding 4

Finding 4: Reciprocal relationships were central to the development of the LTC communities

While this research has identified different communities (finding 1), that were classified according to leadership structure (finding 2), requiring different assets to develop (finding 3), finding 4 stresses the importance of reciprocal relationships in developing these

communities. Figure 44 demonstrated how having facilities did not lead directly to communities of place. Similarly, Figure 45 and 46 showed how providing activities and events did not directly lead to interest-based communities and the LTC community, respectively. Instead, it was the bonding and bridging social capital developed through participation in these spaces and at these events that helped relationships develop within the schemes.

The results indicated that for many of the residents who socially participated in the schemes, friendships had developed. The development of friendships between residents living in LTC settings has been widely documented (Bernard et al., 2007; Bernard et al., 2012; Croucher et al., 2003; Evans and Vallelly, 2007). Participating in the informal activities in the communal spaces and the formal planned groups, led to friendships. This coincides with findings from Evans and Vallelly (2007), who suggested that both informal and formal social activities were important for social interaction. They argued that social interaction helped residents to develop and maintain friendships.

Reciprocity in residents relationships was evidenced in the communities of place, with residents volunteering in the café, helping each other (Chapter 5). It was also demonstrated in communities of interest, as resident leaders helped residents during scheme/resident-run activities and resident-run clubs (Chapter 6). Furthermore, it was demonstrated during the Christmas events presented in Chapter 6 in the extra care setting. The friendships reported between the residents and the staff in the communities of place (Section 7.3) and the communities of interest (Section 7.4) are representative of the reciprocal relationships that developed between these groups of people. The third source of support identified was the family (Section 7.3).

Therefore, the support networks of the residents in the two LTC schemes included other residents, the staff, and their family. These support networks are consistent with the findings from past studies (Carpenter et al., 2016; Kang et al., 2019). As social support has been found to be positively associated with wellbeing (Werner, 2020), the identification of supportive relationships illuminates the potential for communities in LTC schemes to add to the wellbeing of community members.

Kang et al., (2020) have summarised past literature that has suggested that there is the potential for power differentials in relationships between residents who live in LTC and the care staff. They have identified studies that have demonstrated that staff in nursing homes have promoted social distance, infantilised residents and in some instances exercised unnecessary power over the residents. This is not a conclusion that I would reach from my

research. I did not explore the dynamics of the relationships presented to me by the community members. Future academic study, however, could seek to explore the nature of relationships in LTC communities and the role of power in these communities.

An unexpected finding of this research was the potential for support from scheme staff in the extra care setting. Chapter 6 highlighted how residents considered staff in the extra care settings as members of their social networks. As studies of communities within LTC settings have focused on retirement villages and the resident role in mobilising communities, there could be the potential suggestion that there would be limited opportunities to develop relationships between residents and the scheme staff. However, my research has highlighted that there is the potential for the staff who manage the schemes to become friends with residents and members of the LTC communities.

This research has demonstrated how friendships and support were not just a benefit of being a community member; they were central to creating and maintaining communities in the LTC settings.

7.7 The Revised Conceptual Framework

Based on the research findings, the original conceptual framework has been revised. The new conceptual framework is presented in Figure 47. This framework combines the creation processes presented in Figure 44, Figure 45 and 46. There are three major changes to the revised conceptual framework diagram that were not present in the original diagram (Figure 11, Section 3.12). First, the community creation process has been split into three forms of potential community – communities of place, the LTC community and the communities of interest (Finding 1). Most of the identified communities are classified according to the leadership structure (Finding 2).

Next, each community required different capital assets to develop (Finding 3). The original conceptual framework theorised that political capital was the foundation for the development of communities in LTC settings. The research highlighted, however, that another capital could form the basis for a community – built capital. Political capital was identified as the founding capital for communities of interest and special events (Chapter 6). However, built capital was identified as the founding capital for the communities of place (Chapter 5).

Overall, through the identification of different communities (Finding 1), and the community creation process (Finding 3), the research revealed that there was an ecosystem of communities within the two LTC settings (Finding 1). All of the communities presented in Figure 47 would form part of the community ecosystem.

The final change to the conceptual framework is the role of financial capital. In capital interaction g, there are multiple sources of financial capital required to create the community. This includes paying the staffs salaries and paying for the provision of external entertainment. Financial capital is also presented as an underlying capital for the communities of place (capital interactions a to f). Although the research did not identify financial capital issues relating to the maintenance of communal spaces, it is a capital that would have to be factored in by LTC providers when embarking on community creation efforts that involve communities of place.

Key	
B	Built Capital
C	Cultural Capital
HF	Formal Human Capital
HI	Informal Human Capital
F	Financial Capital
S	Bonding and Bridging Social Capital
SBo	Bonding Social Capital
SBr	Bridging Social Capital

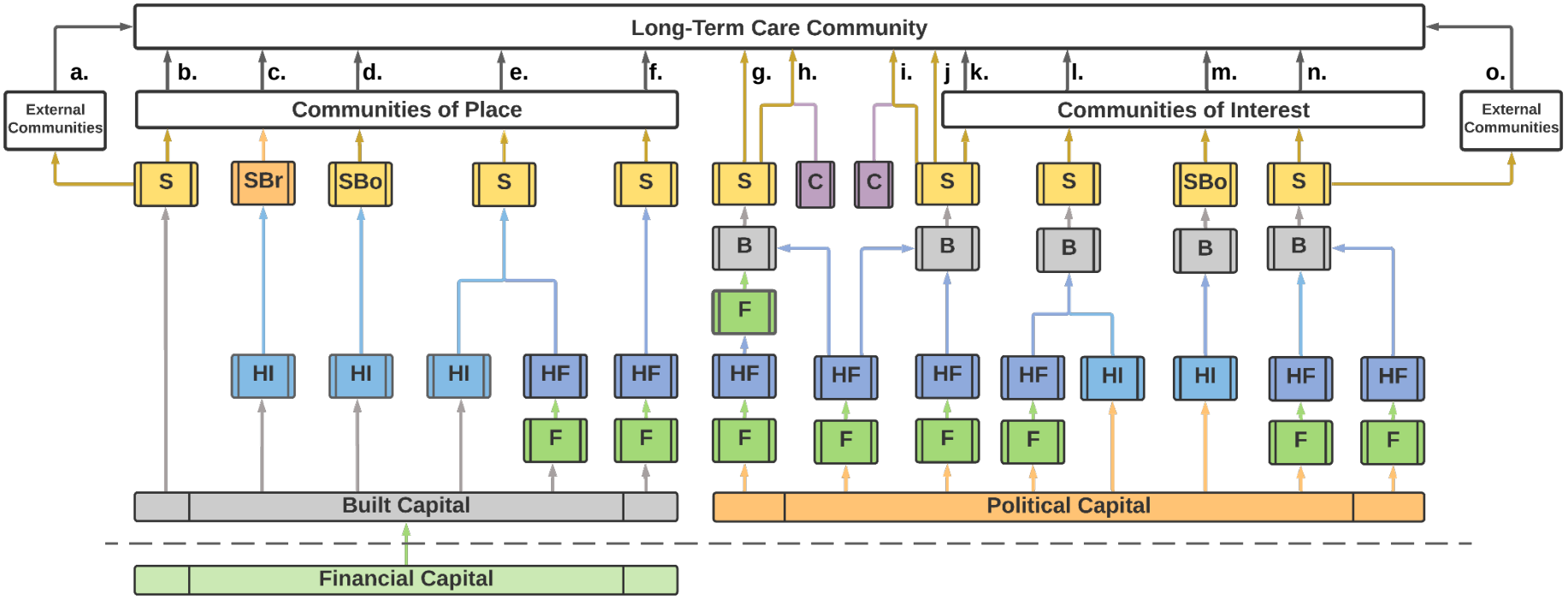


Figure 47. The Revised Conceptual Framework for Creating Communities in LTC Settings (Source: Author, 2020)

7.7.1 The Application of the Conceptual Framework

Chapter 6 presented a diagram of the community ecosystem in the LTC settings. This diagram represented the community groups that existed within the LTC communities, and it suggested how different groupings of people could lead to different community formations. The revised conceptual framework detailed in Figure 47 could be considered as a supplementary tool that could be used alongside the community ecosystem diagram (Figure 41, Section 6.8) to help to create communities in LTC settings.

For example, the two diagrams could be used to help develop resident and staff communities. Segment ii in Figure 41 presents four potential communities that residents and staff could form in LTC settings (communities of interest, household communities of place, café communities and a hair salon community). Three of the identified communities are communities of place; the other is a community of interest.

Classifying the communities as place-based or interest-based simplifies the process required to use the conceptual framework (Figure 47). To create the resident and staff communities of interest, when referencing Figure 47, a scheme would have two capital interaction options, k if they were interested in scheme-run communities of interest or l, if they were interested in having both residents and staff as leaders to these communities of interest. This allows LTC settings to assess their options (Figure 41) and see potential outcomes (Figure 47).

There are further interconnected aspects of the two diagrams. Figure 41 lists the facilitators and barriers to creating communities within the LTC community ecosystem. If a scheme identified the availability of facilities from Figure 41 as a facilitator, then to maximise the potential of these facilities, the scheme can focus on capital interactions a to f in Figure 47. These facilities could be used to help create communities of place within the LTC settings. Similarly, if a scheme identified resident volunteers as their potential facilitator (Figure 41), revisiting Figure 47 would suggest that capital interaction c, d, e, l, m could all be a possibility.

Conversely, if LTC schemes identify financial capital from Figure 41 as potential barriers to the community, then it would limit the potential community formations in Figure 47, restricting the potential capital interactions to a, b, c, d and m. All of these interactions will lead to communities of place except for interaction m.

The conceptual framework diagram (Figure 47), therefore, can be used alongside the community ecosystem diagram (Figure 41), to identify and evaluate the potential routes for creating communities in LTC settings.

7.7.2 An Evaluation of the New Conceptual Framework

The revised conceptual framework diagram (Figure 47) represents the potential routes of capital interaction that can help to develop different forms of community in LTC settings for older people. In this research, the framework has been used to help identify the ecosystem of communities within the sampled LTC settings. This new conceptual framework represents an evolution of the original framework presented in Section 3.12 (Figure 11), and it highlights the complexity of creating communities in LTC settings.

Three main considerations should be taken; however, in its future application. The first relates to the nature of the community capitals identified in both schemes. A further examination of the spiralling up processes suggests that the capitals have the potential to be static – not expected to experience drastic changes, or variable – having the potential to fluctuate unexpectedly. The potential volatility of the community capitals will have impacts on the routes of community creation that can be employed in LTC settings.

In Figure 47, the founding capitals for the communities are built capital (communities of place, b-f) and political capital (communities of interest, g-n). Based on the assumption that the LTC setting has already been developed, built capital can be considered static. It would be unlikely that a scheme would be able to drastically change the usage of rooms, buildings or facilities with short notice. Instead, the LTC schemes can make gradual changes if they sought to change the usage of the communal facilities. This suggests that the communities of place have a static foundation. The founding capital for the communities of interest (political capital), on the other hand, is more likely to be variable. Residents move in and out of LTC settings. This could lead to changing interests and changing demands. Similarly, external forces can impact on the ability for the schemes to create communities based on the residents interests. The current COVID-19 situation is an example of this, with added restrictions and guidelines (political capital) having the potential to limit the provision of activities relevant to the residents' interests.

The facilitating capitals in Figure 47 can also be classified as static or variable. For scheme-run communities of interest, the aim is for the activity coaches (formal human capital) to be static. The coaches should form a consistent source of support and be available to provide activities that can lead to communities of interest. On the other hand, resident-run communities of interest have the potential to have variable informal human capital. This is because, throughout Chapter 6, residents' health was identified as a barrier to creating resident-run communities of interest. This suggests that unlike the activity coaches, residents who form sources of informal human capital should not be considered as given.

Instead, residents should be regarded as variable sources of informal human capital that the settings have little influence over. In the extra care setting, many of the residents make choices to move into the settings, and the number of residents willing, available and who have the skillset to create and organise communities will, therefore, vary. This suggests that the role of residents and the potential to create resident-only communities in LTC settings will depend on the number of suitable residents in a scheme.

In the care home, in the development of communities of place (capital interaction d, Figure 47), family members were also a variable source of informal capital. In the care home at mealtimes, Section 5.3.3, suggested that family members were encouraged to participate. The issue is, however, when aiming to create a community within an LTC setting, that family members should not be a source that the scheme should depend on. This is because as they are a variable capital – their input and their role is not guaranteed. Family members visit when they have time to visit, they may not have a set schedule of when they will visit and ultimately, they do not spend as much time in the LTC schemes as the residents or the care staff. This means that although family members are a source of informal human capital, their potential input should not be factored into the community creation process. Instead, the involvement of family members should be considered an added benefit rather than a guaranteed source of capital.

The final facilitators are the care staff in the care home, who were a source of formal human capital. The care home aims to have a consistent set of staff. If this can be achieved, this source of informal human capital can be considered static and available to help enhance community creation processes. The issue is, however, that Chapter 5 identified agency carers who were variable sources of formal human capital. These carers were a barrier to the community creation efforts in the households. The view from residents, staff, relatives and the CQC was that this form of care staff spent limited time in the home and did not get to know the residents. The views about agency care staff supplement findings from Ettlelt et al. (2020). The impacts of the unpredictable nature of the staff in the care home are that it can impact on the community creation process, as suggested in Chapter 5.

Overall, variable capital assets can have an impact on the success of community creation efforts in LTC settings. This is because they are subject to unexpected change. The examples above suggest, however, that understanding the characteristics of the capital assets available can help LTC settings to identify the routes of community creation available to them and gain a greater understanding of their feasibility.

The second consideration that should be acknowledged when using the revised conceptual framework is the role of financial capital in the extra care setting. Section 7.3.3, 7.4.3 and 7.5.1 highlighted the additional cost borne by residents in the extra care setting who wished to participate in communities but who had mobility issues. Whereas wages for the care staff in the care home and the activity coaches in both schemes are understood and recognised, payment from the residents to the carers for assistance is an added expense. It forms a continual payment by the residents who will have to pay if they want to be community members. This suggests that in the extra care setting, as a resident's health status deteriorates, they may be restricted in the communities that they can participate in. This is because paying for assistance to communities of place and interest could be too costly and unaffordable.

The final consideration relates to the development of resident-run communities. As the LTC schemes did not spearhead these communities, if a different scheme had the potential to create clubs (capital interaction m, Figure 47) and had similar communal spaces (capital interaction d and e, Figure 47), following the conceptual framework (Figure 47) may not lead to communities. This was demonstrated in a study of fifteen extra care settings by Callaghan et al. (2009), as the presence of communal lounges did not lead to communities of place. When the schemes first opened, the centrally located communal lounges were used as informal meeting places for the residents, and they were at the heart of the social activity in the schemes. Six months after opening, however, most of the scheme lounges were no longer used as informal meeting spaces. Instead, residents chose to meet in smaller lounges and entranceways.

In my research, the residents in the extra care scheme gave the communal lounge a defined function. This led to the space becoming a community. LTC settings need to understand how they can promote ownership over spaces so that residents will want to create their own communities within LTC settings.

On the topic of resident-run communities, the final point of contention relates to the scale of these communities in LTC settings. Although these communities featured in the community ecosystem, the true scale of the prevalence of this form of community is unknown. The existence of the Rummikub classes was only revealed during the final stage of the research during a focus group discussion with the residents in the extra care setting. As my research featured a small sample of residents, who were presenting their experiences of living in the scheme, they introduced the communities and the activities they were members of. As not everyone who lived in the scheme was involved in the research, there is a great potential for further clusters of resident-only communities to exist within the scheme. This suggests that

the true scale of resident-only communities may not have been realised during this research. There could be different capital interaction processes that help these communities to develop. So, although Figure 47, spans from capital interaction a to o, there could be all manner of different capital interaction processes that lead to resident-run communities in LTC settings.

7.8 Contributions to Knowledge

This research has provided methodological, empirical, and theoretical contributions to knowledge. The following sections discuss these contributions.

7.8.1 Methodological Contributions to Knowledge

The first contributions to knowledge are methodological. While systematic non-participant observations (Section 4.5.1) are a common method that has been used to study daily life in LTC settings for older people (Nordin et al., 2017; Roberts and Bowers, 2015), this research has contributed to knowledge due to the development of a utilisation mapping guide. The guide presented in Appendix F offers a structured approach to collecting interaction data. It features a clear definition guide that can be used and adapted by researchers. The different sections can add to the context of data collection, ensuring that a similar approach can be used across different studies. Through the process of conducting systematic observations in LTC settings using the guide, it can enhance the dependability of the results of future studies.

The next methodological contribution to knowledge is based on the creation of a social network mapping guide (Appendix K). While the social network mapping activity and the questionnaire have been used separately, combining the two methods and producing clear instructions has provided me with an opportunity to understand the social support networks available to older people.

Overall, the methodology used in this research was innovative, offering a structured approach to data collection. This approach helped me to produce rich and often unexpected results. The methods used can be adapted for future study to explore communities and support for residents living in LTC settings.

7.8.2 Empirical Contributions to Knowledge

The next contributions to knowledge are empirical. The first empirical contribution to knowledge is the in-depth understanding of the community ecosystem in a care home and an extra care setting for older people. Although similar studies have identified communities

within LTC settings (Bernard et al., 2012; Callaghan et al., 2009; Evans and Means, 2007), there has been little attempt to present the process of community creation. Using the community capitals framework and capital interaction maps, this research has highlighted potential community groupings in a care home and an extra care setting. This process led to a community ecosystem diagram (Figure 41, Section 6.8). This diagram is important as it will allow providers to identify the people who reside or interact with residents in the scheme (residents, staff, family, the wider public) and they can look at the intersection between these people and see what possible communities they can develop. This is a contribution to knowledge as it will allow providers to identify the communities that they have in their schemes and help to streamline the community creation process.

The next empirical contribution to knowledge is the identification of the barriers and facilitators to creating communities within LTC settings. Chapter 5 discussed the barriers and facilitators to creating communities of place. Chapter 6 discussed the barriers and facilitators to the development of communities of interest. The inclusion of the barriers and facilitators in the community ecosystem diagram in Section 6.8 has demonstrated how different factors can have an impact on the development of community ecosystems in both settings.

The final empirical contribution to knowledge was using the community capitals approach to evaluate communities in the home. This research identified the community capitals, then mapped the community capitals to show the process of creating communities in the two LTC settings. This is an approach that has not been applied to this setting before. It demonstrates how a community's resources can be used to help to create communities. It can also help as it will present LTC providers with an opportunity to see what resources they have and the resources that they do not have. This can help them to influence how the community capitals are expended in LTC settings.

This research has produced empirical contributions to knowledge. It has highlighted the community creation process; the community ecosystem, and it has identified the barriers and facilitators to creating communities in LTC settings. It has also demonstrated how the community capitals approach can be applied to LTC settings. These contributions add to the evidence-base for creating communities in LTC settings for older people.

7.8.3 Theoretical Contributions to Knowledge

The final contributions to knowledge from this research are theoretical. The revised conceptual framework presented in Section 7.6 is a theoretical contribution to knowledge. Chapter 3 detailed the development of the initial conceptual framework that guided the research. The framework was used to explore the processes of creating communities within

LTC settings. As the community capitals framework had not been applied to an LTC setting before, this framework was based on inferences about capitals from previous studies within these settings. Through the process of conducting research in an extra care setting and in a care home, the research indicated that the framework should be adjusted. These changes are represented in the new conceptual framework in Section 7.6.

Researching the community creation process in LTC settings for older people, using the community capitals framework, has also led to an adjustment of an original capital, namely human capital. The research highlighted a distinction between informal human capital, individuals who volunteer and formal human capital, individuals who receive a salary for their role. This is an important contribution as grouping volunteers, and salaried employees into one capital would mask the true extent of the role of human capital in the development process. Presenting the two forms of human capital will also allow providers to understand the factors they can influence (formal human capital), in contrast to those that they have less of an influence over (informal human capital).

Overall, the new conceptual framework will allow LTC settings to identify their community capitals, explore the potential routes of capital interaction and it will enable them to understand the process of creating communities within LTC settings for older people.

Using the capitals approach for research had its strengths and limitations, however. The main strength was that the approach enabled me to categorise the resources available in both schemes. This helped me to identify the community capitals that could be used to develop communities. The main limitation of the approach was consistent with the issues identified by Fey et al. (2006), which were presented in Chapter 3. The tool mainly focuses on the quantitative aspects of the community resources. For instance, I was able to list the communal spaces (built capital) and the sources of staff (formal human capital) and resident volunteers (informal human capital). There needs to be an integrated quantitative and qualitative element that will allow an opportunity to compare and contrast different communities within the same setting and across LTC settings for older people. This should involve a rating system for the different capitals so that resources can be evaluated on any potential benefits alongside the number available.

An example of this is for formal human capital. An LTC setting may have an abundance of staff, but they may not be consistent, and there may be high turnover rates. A different scheme could have a smaller permanent team of staff, which has enabled the scheme to achieve a continuity of care. Accounting for the permanence of formal human capital could offer a better evaluation of the formal human capital across settings. It would also be

advantageous for future studies as it will allow a better evaluation and enable a better focus for community creation efforts.

This research has produced many theoretical contributions to knowledge. It has produced a conceptual framework that can be used to explore the community creation process in LTC settings. It has also offered contributions to the CCF. If the CCF is used to explore communities in LTC settings, there will need to be adjustments to the CCF.

7.9 Limitations of the Research

As with all research, however, there are potential limitations that should be acknowledged. Understanding these limitations will allow a better opportunity to recognise the applicability of these findings to other LTC settings for older people.

The first limitation was that the research was conducted in two LTC settings using a small sample of participants. Resident recruitment in the research was through a gatekeeper (a supervisor in the care home) and based on residents who volunteered (in the extra care setting). This could have introduced bias as the gatekeeper in the care home could have chosen whom they wanted to speak, which could have influenced the findings. Similarly, in the extra care setting, those who may have had something to say could have chosen to participate.

Although this situation was not ideal, this limitation was mitigated, however, due to the three phases of research. Information from the residents in the schemes helped to enhance the results from the preceding phases. This was advantageous as it presented an opportunity for triangulation between different perspectives and different sources of data relating to the community creation efforts in both schemes.

A further limitation of this research was due to the characteristics of the sample participants. Due to ethical reasons and issues with consent, the exclusion criteria restricted those with cognitive impairment from participating in the research (Warner and Normani, 2008). This meant that I was unable to find out about the experiences of this group of residents about living in the schemes. I also did not have the resources required to conduct this research with this set of participants rigorously and sensitively (Evans and Vallelly, 2007). The sample was also not representative as the research participants were a homogeneous group of white men and women all from a similar class grouping. This could suggest that residents living in a more diverse scheme, who may identify with a different class grouping may have different perspectives on the creation and evolution of communities.

A further limitation relates to the LTC schemes that were investigated during this research. Chapter 4.3.1 presented the continuum of care. This study only focused on two forms of LTC available for older people living in the UK. The community creation process in different settings could be different.

Based on the characteristics of the participants and the small number of research settings, the results, therefore, can also not be generalised. They can, however, be transferred to similar settings (Finlay, 2006). As this was exploratory research, I did not intend to recruit a representative sample. I aimed to find out more about the nature of the problem – creating communities within LTC settings. The findings from this research have demonstrated the processes for creating communities within these settings, and they can be used as a foundation for future research.

7.10 Chapter Summary

This chapter has discussed the findings of the community creation process based on research in two LTC settings for older people in the UK. The first finding is that there were three types of community present in the LTC settings. They were communities of interest, communities of place and an overall LTC community. These communities formed part of the community ecosystem. The second finding is that communities within the LTC settings could be classified according to the leadership structure. The most common forms of leaders were staff and residents. The third finding is that each community required different assets to develop. This finding supports the understanding of creating communities within LTC settings for older people, and it has highlighted the challenges of creating communities in these settings. The final finding from this research is that reciprocal relationships were central to the development of the LTC communities. The research has highlighted how the relationships developed due to participation within the LTC communities led to friendships.

This chapter has also presented a revised conceptual framework for creating communities in LTC settings. The new conceptual framework features the different creation processes for the communities that were identified within the community ecosystem within the two LTC settings. As creating communities is a multifaceted issue that poses many challenges, the new conceptual framework can be used to help identify potential community formations, helping providers to choose how they will use their resources.

Overall, this research has contributed to knowledge, by using innovative methods (methodological contribution), by gaining an in-depth understanding of the LTC community ecosystem and identifying the facilitators and barriers to community creation (empirical

contributions). This research has also offered theoretical contributions to knowledge (the revised conceptual framework and adaptions to the CCF).

The next chapter presents the conclusions of this research. It also offers recommendations for future study.

Chapter 8 – Conclusion

8.1 Introduction

In the UK, an ageing population has led to the rise in the demand for ASC. To help meet the changing needs and demands of an ageing population, LTC providers have created residential schemes for older people that have a community focus. Although Chapter 1 introduced the potential benefits of community living, including health benefits for those who lived and worked in the settings and financial benefits for LTC operators, the chapter also reasoned that there has been limited research on how to create communities in LTC settings for older people in the UK. Therefore, this research aimed to investigate the development of a community ecosystem in two purpose-built LTC schemes, a care home and an extra care setting in the UK.

By analysing the efforts made by a care home and an extra care setting to create communities, this research has revealed that the schemes achieved their aim of creating communities. Rather than one community, however, the LTC environment fostered the growth of different communities and a community ecosystem.

The analysis of documents and key informant interviews revealed that in both LTC settings, the concept of community was first initiated through the planning and building of the schemes. The findings from these methods suggested that the LTC providers used the built environment to create spaces that could be used as meeting and gathering points. To explore the use of space and further understand how the built environment contributed to the community creation efforts in both schemes, built environment surveys were conducted. Triangulating the findings from these surveys with the analysis from the documents and key informant interviews indicated that the providers used the built environment to create spaces that led to communities, contrived communities of place.

The findings from these methods also revealed that the LTC providers used an additional approach to stimulate the growth of communities within the schemes. This approach involved utilising people to create communities. In the care home, residents and staff were organised into households. This effort used by the care home provider helped to create contrived communities of place. In both schemes, activity coaches were also hired to organise social activities. These social activities led to contrived communities of interest. Therefore, in both schemes, there were contrivances – actions taken by the LTC providers to stimulate communities. The providers used the built environment to create spaces that led to communities, contrived communities of place. Similarly, the providers hired people to create

activities that led to contrived communities of interest. Overall, the actions of the LTC providers helped to create communities within the LTC schemes, contrived communities.

While the providers were influential in developing some of the LTC communities, the research also revealed that many communities were created in the schemes that the providers had no control over. Combining the findings from the observations of the use of space, with the interviews and focus groups with the residents, revealed that alongside contrived communities, there was also an organic aspect of creating communities in both schemes. This included the natural communities, those that were organically created when individuals used the communal spaces and provided their own activities to create their own communities.

During the focus groups and interviews with the residents, the residents highlighted the natural communities of interest and communities of place that were present in each setting. These natural communities were created by some of the residents living in the schemes who used the spaces available and provided activities that interested the residents. The resident research also led to the identification of a different form of community – the existing communities, the residents family and friends that had an influence on the schemes.

The contrived, natural and existing communities identified during this research, formed part of the LTC community ecosystem. They formed part of the "bubble of life" (National Geographic, 2020: 1) in the LTC schemes. Due to the identification of these different communities and the different processes required to create the communities, this research has revealed that creating communities and a community ecosystem within LTC settings was a complicated process. Furthermore, it has also highlighted that creating the communities and the LTC community ecosystem was a collaborative process between those who lived, worked, visited, and managed the LTC schemes.

Moreover, this research has also demonstrated how efforts to create communities within LTC schemes should extend beyond their initial creation. While people were revealed to be the impetus that helped create many of the LTC communities, it was the friendships and mutual support that developed between community members that helped them be maintained. Overall, this research has met the research aim, revealing that creating communities and a community ecosystem within LTC settings is a continual and evolving process.

I have added an original strand to the discussion of creating communities in LTC settings by showing how when community assets were combined with each other, different forms of

community can be created. Different combinations of assets would be required to create contrived, natural and existing communities. This is important as there has been little research on the assets required to develop communities in these settings. Furthermore, exploring the assets in a residential care home not only adds to this knowledge gap, but it also addresses a policy gap. It demonstrates the community assets available in two LTC settings, providing policy implications for the framework for enhanced health in care homes as proposed by NHS England (2020).

Therefore, the findings from this research, not only add to the discussion on creating communities in LTC settings, but they also address the challenges posed in Chapter 1 (What is a community? How are communities created in LTC settings?). Adding to the discussion and addressing the challenges from Chapter 1 are further examples of how this research has met its aim. These findings are important, as they pose implications for LTC providers, academic research and policy. This concluding chapter explores the research conclusions; it discusses future research areas and presents recommendations for LTC providers.

8.2 Summary

Conclusion 1: The LTC environments fostered the growth of different communities and a community ecosystem

This research has explored the 'creation' of communities in LTC settings for older people. Chapter 1 posed two challenges that had an impact on the aims of creating communities in LTC settings. The first challenge related to a definition of the term 'community' in the context of LTC schemes. The chapter reasoned that community was an ambiguous word, so creating communities in LTC settings would be hard if we did not know what we aimed to create. The next challenge related to the process of creating communities. Little research has been conducted on this topic in LTC settings.

To address these challenges and meet the research aim, this thesis took an exploratory three-stage approach. Stage one focused on the background to communities and creating communities. This stage began in Chapter 2 with an examination of the changes in the meaning of the concept of community. Combining traditional and modern interpretations of the word community led to a definition which was used as the foundation for the exploration of communities in LTC settings. Chapter 2 also helped to address challenge 2 – how to create communities in LTC schemes for older people. It did this by exploring the processes that have been used to create communities in LTC settings.

After identifying a definition for community, the next stage of this research was the development of a conceptual framework that could be used to understand how communities develop in LTC settings for older people. Chapter 3 presented the community capitals framework as appropriate for study in these settings. As this framework had not been used in this setting, inferences about potential assets and how they could be used in LTC settings were made. This framework formed the foundation for the final stage of this research – carrying out the data collection and analysing the results.

Therefore, the final stage in this research was an exploration of methods that would be able to capture the community capitals and provide an understanding of the community 'creation' process. This stage involved developing innovative methods (a methodological contribution to knowledge, Section 7.8.1) that were used to investigate the communities. Aligning with the holistic nature of the CCF, the methods employed aimed to capture information about each capital. They also aimed to capture the viewpoints of different individuals and groups. Adopting this approach allowed me to understand the different perspectives on creating communities in LTC settings and gauge the applicability of the Capitals Approach and the conceptual framework to the LTC setting.

This three-stage approach led to two empirical results chapters (Chapter 5 and Chapter 6). These chapters highlight the first conclusion of this research. The LTC environments fostered the growth of different communities and a community ecosystem. The results indicate that the schemes met their aim. They attempted to create communities, and the findings demonstrate that this was a process that had been achieved. This was not just by contrivances, but it was also through the natural development of communities within the schemes and through creating and maintaining links with external communities.

Within and across the two settings, the research has also demonstrated the potential for different forms of community, featuring different people, with different processes that helped them be created. Finding 1 in Section 7.6.1 highlights the relevance of this conclusion. It presents the similarities between the communities developed in the sampled settings with the efforts from past studies. It also discusses the differences in this study's findings, highlighting how they add to the existing body of literature relating to creating communities within LTC schemes in the UK. In the extra care scheme, communities were created. In relation to the care home, it provides findings for the gap identified in Chapter 1. Community studies have focused on residential villages and extra care settings. This research demonstrates the potential for creating communities in LTC settings that feature residents with higher care needs. When creating communities within alternative settings, this research

has found out that different variables influence the community creation process. This has been explored in finding 3 in Section 7.6.3.

This research has highlighted how creating communities was setting-specific. Different communities existed within the two schemes. This has been demonstrated throughout Chapter 7, with a discussion of the different capitals required to create communities in the two schemes. Across two different schemes, creating community was possible with residents who had different care needs and cognitive abilities. The implication of this conclusion for LTC providers is that creating communities could be a feasible development aim for LTC schemes that feature in the spectrum of care (see Chapter 4). When it comes to creating communities in LTC schemes, it is important to note that one model will not fit all.

Conclusion 2: Creating communities was a complex process

Although communities were identified in both schemes and these communities formed a part of the community ecosystem, the research has indicated that creating communities within LTC schemes was a multifaceted process. Through the process of conducting research, the initial ideas of how to create communities, how to maintain communities and who would be community members derived from a review of the literature in Chapter 2 and 3, evolved.

Analysis of the data using the processes described in Chapter 4 led to four findings about the process of creating communities within LTC settings for older people. Data analysis also led to the identification of the barriers and facilitators to the development of the communities. As a result of the findings explored in Chapter 5 and 6, Chapter 7 presented two main theoretical contributions to knowledge.

First, through conducting research, the community creation process was identified, so the inferences used to create the original conceptual framework were re-evaluated. Section 7.7 concluded that the original framework had omissions and so it had to be revised. This revised framework is indicative of how combining the empirical research findings with the original conceptualisation of the community creation process provided a new conceptual framework, a theoretical contribution to knowledge (Section 7.8.2). This framework demonstrates the complexities of creating communities in LTC settings for older people.

The second theoretical contribution to knowledge based on the empirical findings was the adjustment of the Capitals Approach to help reflect the resources available for use in LTC schemes for their community creation efforts. Although the CCF approach was holistic and able to capture different community resources, it had to be adapted. So, while the review of the literature in Chapter 2 and 3 led to inferences about the community creation process, the

empirical results highlighted a difference and led to a revised understanding of the community creation and evolution process in LTC settings for older people.

This has been demonstrated by the amendment of the initial assumptions of the creating communities in LTC settings. The assumptions of the Capitals Approach were also adapted for use in this setting. This research proposes a conceptual framework that can be used to plan community creation and evolution. It has also adapted the capitals framework to make it relevant to LTC settings.

The complex process of community creation presents implications for LTC providers. As there were different routes of capital interaction and different capitals required to create communities in LTC settings, there is the potential for LTC schemes to have different goals based on whether they want to create place, interest or whole scheme communities. Specific implications for creating these communities for providers is presented in Section 7.3.4, 7.4.4 and 7.5.2.

Furthermore, there will be differences depending on whether the aim is to create a scheme 'in' a community'' (SCIE 2017: 14) or take the view that the scheme 'is' a community'' (SCIE 2017: 13). Adopting the former viewpoint will require links with the wider community and the residents family and friends. Adopting the latter viewpoint will require a focus on the internal strengths of the LTC scheme. Both aims will require a focus on how to utilise the built environment to support the growth of communities within the scheme.

How this conclusion relates to the framework for EHCH from NHS England (2020) is also important. The basis of this study's conceptual framework was on critical evaluation of published research and applying the Capitals Approach to these findings. The research revealed clear omissions concerning the community creation process. This suggests that if NHS England (2020) seeks to focus on developing new and existing community assets, there should be a focus on conducting actual research across a whole scheme. Inferences may not work when applying the capitals framework to the existing literature as my research has demonstrated that it can miss out on the nuances of the LTC setting. Therefore, conducting research using innovative methods (methodological contribution to knowledge, Section 7.8.1) within the settings can help them to assess the community assets.

There are also implications of this finding for future academic research. This research has revealed that the CCF can be used to explore the community creation and evolution process in two different LTC settings. This suggests that it could also be used in alternative settings, but it may have to be adapted to be applicable and capture their specific contexts.

Conclusion 3: People were at the heart of the communities

The final conclusion from this study was that people were at the heart of the communities and the community creation process. It was people and their relationships that transformed the built environment and activities into communities in the LTC schemes. The role of people and their importance in the community creation process was demonstrated throughout Chapter 5 and Chapter 6. The results from the built environment surveys highlighted that although the built environment helped to facilitate the communities, it was how people used the spaces that helped transform the spaces into communities. Drawing the empirical results from Chapter 5 and 6 led to people being one of the primary focuses in the discussion chapter (Chapter 7). People were influential in finding 2 (they were leaders to the LTC communities, Section 7.6.2) and finding 3 (they were one of the assets required to make communities, Section 7.6.3). These two findings highlight the significance of people in creating communities. Finding 4 (the importance of reciprocal relationships, Section 7.6.4) further demonstrates how people and the relationships they formed helped to maintain communities. Ultimately, the role of people and relationships helped to create and maintain the LTC communities. This adds strength to their importance in developing the ecosystem of LTC communities (finding 1, Section 7.6.1) as creating communities was a collaborative process featuring different people.

This conclusion has implications for providers of LTC. When attempting to create communities within their LTC setting, there should be an emphasis placed on people and their relationships both within and outside the LTC setting. In care home settings, this further illuminates the need for a valued permanent workforce (Section 7.3.4) as schemes need to hire people who want to create communities and become members of the LTC ecosystem of communities. Similarly, it adds weight to the argument for supporting resident leaders (Section 7.3.4 and Section 7.4.4) as allowing residents to have a stake in the community, both the creation and the evolution can help to form relationships and communities.

Section 7.6.3 highlighted that there was the potential for residents to increase their wellbeing due to having a sense of community derived from having influence in the scheme and being valued. Section 7.6.4 also presented the idea for the possibility of wellbeing being derived from the development of reciprocal support relationships. This illuminates the potential for recommended research area 3 that is explored in Section 8.3.3.

The centrality of people to the community creation process further enhances the implications of the methodological contributions to knowledge posed in Section 7.8.1. This research used an innovative methodology to gain the perspectives of different people in the case study LTC

schemes. Therefore, there are implications for future academic research, as this contribution highlights that different methods are necessary to gain a better understanding of the LTC community context. When investigating communities, multiple methods should be used, in particular methods that can get the opinions of different people who have an influence on the creation and evolution of LTC communities.

Similarly, in the theoretical contributions to knowledge in Section 7.8.3, there was a focus on the limitations of the human capital element of the CCF. Likewise, Section 7.5.2 highlighted the potential suggestions for academic research to explore the difference between informal and formal human capital. Therefore, this conclusion concerning the role of people suggests that future research should focus on the role of people and their relationship to the CCF, as people were important in the community creation process. Ideas for potential future academic research relating to this point are presented in Section 8.3.

The final implications from this conclusion are for policy. In the NHS England (2020) EHCH framework, there is an emphasis placed on developing new and existing assets. As this conclusion presents the value of residents and staff in the schemes, it demonstrates how there should be a focus on internal capital assets alongside the external assets. It suggests that community creation should start from within the scheme, both contrived and natural communities. Offering residents roles and creating relationships between those who work and live in the scheme is one way to achieve this. This also adds to NICE's (2018) guidance about fostering a sense of community in care homes. People and the relationship they form will be influential in achieving this aim.

The three conclusions of this research demonstrate how I have addressed the research aim – to investigate the development of a community ecosystem in a care home and an extra care setting in the UK. There were communities, but the processes required to create them were different both within and across the two settings. The complexity of the creation process was demonstrated through adaptions to the original conceptual framework and the CCF. Although the built environment was important in developing the communities, there was an emphasis on the role of people and the relationships developed within the settings. Overall, through identifying the community creation process, this research has led to contributions to knowledge, and it has also led to implications for future academic research, policy and LTC providers.

8.3 Areas for Further Research

This study aimed to understand the process of creating communities in two LTC settings for older people in the UK. The research findings identified communities and a community

ecosystem in a care home and an extra care setting for older people in the UK. Based on these findings, and the research limitations (presented in Section 7.9), there are many potential avenues for future research.

8.3.1 Recommended Research Area 1

The first area suggested for future research is to explore the application of the conceptual framework to alternative settings. Chapter 1 suggested that there was a rise in housing options for older people. It would be important, therefore, to be able to evaluate the similarities and differences in the communities and the approach adopted by similar settings (care homes and extra care settings) and alternative schemes (such as those in the care continuum in Chapter 4) to create and grow communities. This can include new and existing LTC developments and those with differing ethos.

This research would be able to inform practice, helping to see what new purpose-built schemes can do to create communities. It can also help existing community-oriented schemes assess the capital assets available to help promote the creation of communities within their schemes. Understanding how to create communities will help providers understand how to allocate their resources and will provide a focus for their community creation efforts.

8.3.2 Recommended Research Area 2

As this study featured a fairly homogenous set of residents, future research could also be used to help to identify the capital resources available in LTC settings with a diverse socio-economic and cultural set of residents. Conducting research in diverse settings will help to further the exploration into the different capitals. One possible example of this is of cultural capital in schemes that have ethnic minority residents. Research can explore the potential traditions and cultures that could lead to communities. This would help to enhance the understanding of the role of this capital as cultural capital was a limited feature in this study.

Applying the conceptual framework to different settings would also enable an evaluation of the community creation process, and the community capitals required to create communities. This future research would need to have co-production at its core, however. Co-production is when "service users/carers are equal partners and the co-creators of products and programmes" (SCIE, 2012: 5). To achieve this, capital mapping and exploring communities can be completed alongside residents and staff in the schemes. This would allow residents to have an input relating to the communities available, and those they would

like to create in the future. This would have been an interesting thing to do in the original research, but it was beyond the scope of my three-year PhD project.

8.3.3 Recommended Research Area 3

The third area for potential further research relates to an evaluation of living and working in a community-orientated scheme. This study has presented a method of identifying communities and the community creation process. This can, therefore, form a foundation for future evaluations on the outcomes of living in schemes and on community membership. There are many issues prevalent for those living, working and providing LTC schemes, including loneliness, health and financial issues. Future research can form a basis to explore some of these issues.

One potential route for this future research is for a longitudinal mixed-methods study to explore the levels of loneliness and the health changes of new residents who move into LTC settings. Quantitative measures can be taken on admission and at regular intervals (3, 6 and 12 months, for example). This can include loneliness scale ratings and quality of life scores. Qualitative and quantitative data could also be taken about residents' social networks, their levels of social participation and their membership of community groups. Recording this information at regular intervals will allow the impacts of living in a scheme that has adopted the viewpoint that the "care home 'is' a community" (SCIE 2017: 13), to be evaluated over time. There could also be a comparison with a scheme that is 'in' a community" (SCIE 2017: 14). This would allow an evaluation between the two methods of creating a community as proposed in Chapter 1.

8.3.4 Recommended Research Area 4

Similarly, future research could include a longitudinal study featuring new permanent staff members in the care home. This study can explore the impacts of having teams of permanent staff in households on staff turnover rates. This study could help to assess the financial benefits of creating communities in the care home.

Further areas of staff research could also be conducted to understand the role of formal human capital in the care home. The research could evaluate the impacts of having a temporary team of staff who work in the households compared to having permanent teams. The care team could do interaction mapping; their relationships with residents could be evaluated, and data should be gathered about resident wellbeing and staff turnover rates.

8.3.5 Recommended Research Area 5

In both settings, resident-only communities were identified. This could form the fifth area for further research. The second recommended research area aims to work with the residents to evaluate community ecosystems. This research area can be used to address the motivations that led to residents becoming resident leaders of the natural communities – the communities of interest and the communities of place identified in both schemes. It can also address the impacts of changing health status and possibly death on leadership and how and if, the schemes can help resident leaders to continue in their roles.

It would also be interesting to explore the membership practices of resident-only communities in LTC settings. Understanding how these communities started, how residents found out about their existence and the levels of exclusivity to the clubs are potential areas that would fall under this research recommendation. The focus for this research should be on the creation, evolution and sustainability of resident communities.

It would also be useful to conduct this research in different LTC settings, addressing the intersectionality of residents, so that the similarity and differences of the formation of resident-only communities in LTC settings can be evaluated, with residents who have different demographics.

8.3.6 Recommended Research Area 6

The final area for future research relates to the role of external communities in LTC settings. In the extra care setting in this research, there was a minimal role of the family identified in the scheme. However, in the care home, the existing family and residents community connections were suggested to be important. In the extra care setting, although the scheme was built at the heart of an existing community, wider community connections were also revealed to be limited.

My research, however, did not interview any of these groups of people. This suggests that future research could be done with external community connections to understand their views on the LTC settings, how they use the spaces and their ideas of community. It would also be important to understand the barriers and facilitators to the participation of these groups in the schemes. The research could also focus on the levels of integration and the extra care setting's ability to be regarded as a 'community within a community'. As the results also highlighted a limited influence of the family on the extra care settings, future research can also be used to explore if there is a role that family members play in extra care settings.

The next suggested future research relating to the residents' external community connections relates to the role of virtual communities on residents living in the two schemes. Technology was introduced as a method used by the residents to keep in touch with their external communities. Research can be conducted, therefore, on the role that technology performs and how it is used as a landscape for community membership, and its impact on the support available for residents living in LTC settings.

8.4 Future Research Considerations

Since the research has been undertaken, the landscape of the world has changed. There has been a pandemic, and this has impacted on those living and working in LTC schemes. Government regulations have also limited visiting opportunities, and this has impacted on the support that residents can receive from their families and their existing friends.

These changes suggest that the recommendations for future research presented above will need to be situated in a post-COVID landscape. Although the ideas suggested above can help us to gain a greater understanding of communities and community creation within LTC settings, the underlying questions will shift from; what communities exist in LTC settings? To: are communities a feasible development aim in a post-COVID climate? Once these questions have been addressed, then future research can be conducted. The current situation has also added other potential areas for future research that can be explored relating to life during and after the pandemic.

8.4.1 Additional Area for Research 1

The first additional area for research relates to the physical communities that are present within the LTC environment. Current guidance has called for control measures such as one-way systems and social distancing. These restrictive practices promote separation rather than the inclusion that is required for place-based and interest-based communities. Future research could explore the role of restrictions on creating and maintaining communities of place and communities of interest in LTC settings and how the restrictions have affected residents living in these schemes.

It could also explore the role of these restrictions on creating an overall LTC community. Chapter 6 highlighted the role of special events and how they led to the development of scheme communities. Future research could explore the challenges and adaptions that have been made to help facilitate the provision of special events. The impacts of these changes can be evaluated on their impact on the community and residents feelings of a sense of community within the LTC settings.

8.4.2 Additional Area for Research 2

The next area for potential future research relating to COVID-19 is on the impacts of death on the LTC communities. While my research explored community membership in LTC settings, the death of the scheme residents was not a theme that was uncovered. Chapter 1, however, introduced the heavy death toll experienced in LTC settings due to the pandemic. Therefore, future research could explore the impact of death on motivations for those living and working in LTC settings to want to create communities and become community members. This could include the impacts of the loss of community members on the residents and staff in the schemes.

8.4.3 Additional Area for Research 3

Although there have been restrictions put in place regarding families and friends visiting LTC residents, these sources of support and door-to-door relationships are still important. Many people have turned to alternative methods such as technology to keep in contact with their loved ones. This suggests that there is further potential for future research to focus on the impacts of technology on maintaining residents' existing communities. Research can explore the virtual communities and the role of technology in facilitating communities in LTC settings in a post-COVID world.

All of the ideas presented above suggest that there is potential for further research focusing on communities, community creation and the impacts of community living for those in LTC settings.

8.5 Recommendations for LTC Providers

This research has added to the understanding of creating communities in LTC settings for older people in the UK. The following recommendations are made for LTC providers:

1. To evaluate the built environment in non-purpose-built schemes to identify underutilised community spaces that could form an alternative purpose
2. To promote resident involvement in the scheme and support residents to lead their own clubs and activities
3. To identify barriers to resident participation within the scheme and adopt measures that promote social interaction
4. To prioritise the development of a permanent valued workforce
5. To encourage family and friend's involvement in the scheme

8.6 Concluding Thoughts

This study has highlighted the potential for creating communities and ecosystems of communities within LTC settings for older people. Before the research began, the research adopted a future focus, aiming to evaluate the community creation process in LTC settings to help enable future evaluation about the outcomes of community living. This research has highlighted the potential support and the friendship outcomes associated with community membership. These factors are indicative of the potential benefits that residents can gain from being members of communities within their living environments.

Since the research has been conducted, however, the world has changed. This change will inevitably transform the aims of future research in LTC settings. Current guidelines have led to a movement towards social distancing and isolation. While Chapter 2 presented the quest for community, once the pandemic is over and once the world is back to normal, although there will be many obstacles that will have to be overcome, there should be a movement towards this quest and a renewed importance of creating both face-to-face and virtual communities, in LTC settings for older people.

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Appendices

List of Appendices

Appendix A: Ethics Approvals

The following ethics documents are listed on the next pages:

- Ethics review feedback form, project reference P60796: Analysis of the literature
- Certificate of Ethical Approval, project reference P60796: Analysis of the literature
- Ethics review feedback form, project reference P70351: Key Informant Interviews and Built Environment Surveys
- Certificate of Ethical Approval, project reference P70351: Key Informant Interview and Built Environment Surveys
- Ethics review feedback form, project reference P85812: Research with Residents
- Certificate of Ethical Approval, project reference P85812: Research with Residents

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Certificate of Ethical Approval

Applicant:

Jasmine Peak

Project Title:

Communities within Communities - an ecosystem to support ageing in place

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Low Risk

Date of approval:

14 December 2017

Project Reference Number:

P60796

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Certificate of Ethical Approval

Applicant:

Jasmine Peak

Project Title:

Communities within Communities- An Ecosystem to Support Ageing in Place

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

12 July 2018

Project Reference Number:

P70351

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Certificate of Ethical Approval

Applicant:

Jasmine Peak

Project Title:

Communities within Communities- An Ecosystem to Support Ageing in Place

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

02 April 2019

Project Reference Number:

P85812

Appendix B: Scoping the Literature

To explore how to create communities within LTC settings for older people, scoping reviews were performed. I identified key words, searched the existing literature and evaluated the search results. I used Google search, Google Scholar, Google Books and also the Coventry University online library search (known as Locate) which included a search of books, eBooks, journals, and different library resources. The Locate search engine covered a range of databases including Academic Search Complete, Proquest Central, Scopus and Science Direct.

As the topic of 'creating communities' was very broad and there were key features of community that I wanted to explore, I took a four stage scoping review. Stage 1 focused on the word community. I reviewed secondary sources to get an overview of the term community (Mertens, 2014). This allowed me to identify key terms and produce my search strategy for this stage (see below). I then followed the literature review process introduced by Mertens (2014), by conducting the search, selecting articles to read, evaluating, and synthesising my findings. Each stage after this, followed a similar process of identifying key words, conducting the search and evaluating and synthesising the findings. The second stage focused on defining community and maintaining communities. Stage 3 focused on different models of creating communities in LTC settings, while the final stage, Stage 4 investigated how to measure community. Examples of the search terms used for each of these stages is presented below.

Stage 1: Community Search Terms Examples

community	community definition	community ageing
weber community	marx community	tonnies community
abstract community	concrete community	conceptions of community
sociology of community	modern community	traditional community
geographic communities	community of place	community of interest
virtual communities	shared community spaces	

Stage 2: Community Defined Community Maintained Search Terms Examples

creating community	theories of community	sense of community
forming communities older people	membership	community membership across the life course
changing communities and older people	community life course	relationships life course
life course ageing	community ageing	social ties community
social networks	community connections	social relationships older people
social networks later life	social connectedness elderly	social theories of ageing

group relationships care homes elderly	peer to peer support in care homes elderly	the case for communities for the old
community belonging	community participation	community psychology
social norms	community norms	social norms community
sanctions	enforcement	social influence
social interaction community	community interaction theory	communication in communities

Stage 3: Models of Community Search Terms Examples

models of community	housing for older people	housing an ageing population
promotion of community in "care homes" elderly	creating a sense of community in care homes for the elderly	care home communities elderly
relationship-centred approach care homes	community engagement "care homes" elderly	promoting supportive relationships in housing with care
understanding care homes	types of community in care homes	forced geographical community care homes
natural geographical community care homes	housing and care	extra care housing
retirement village	retirement communities	senior housing communities
senior cohousing communities	cohousing	eden alternative
green houses	de hogeweyk	community living

Stage 4: Measuring Community Search Terms Examples

community development	constructed communities	forming communities
community building	measuring community development	community development theory
community capitals approach	community capitals framework	sustainable livelihoods approach
capitals approach	community assets	financial capital
natural capital	built capital	cultural capital
social capital	bonding social capital	bridging social capital

Appendix C: Political Capital Interview Guide

Interview ID: _____

interview Guide: Political Capital

Care Facility:

Date:

Time of Day:

Name of Interviewee:

Interview Questions

Background Questions

1. What is your job title?
2. What are your responsibilities?
3. How long have you been with the organisation?

Theme: Residents Influence

1. Do residents have a say in how the home is run?

1a. Are there any resident representatives?

2. Where do residents go if they have a problem?

2a. Are there any structures in place that can be used by residents to suggest any changes? (e.g. a suggestion box)

If a specific feature is mentioned, ask 2b + 2c

2b. Is this an avenue that is used by residents?

2c. Are residents aware of this option? (e.g. When they move in etc.)

If there is no specific place for the residents to go, ask 2d +2e

2d. Why is there nowhere for the residents to go if they have an issue?

2e. Are there any plans for this to change?

Theme: The Resident Committee

1. Do you have a resident committee?

1a. How was it formed?

1b. When was it formed?

1c. Are the meeting minutes recorded?

1d. If yes, can we see any transcripts of the minutes for some of the meetings?

2. Who is on the resident committee?

2a. Is the committee elected?

2b. Is there a committee president?

2b. What is their age range and gender?

2c. How long have they been the president?

2d. What is the ratio of male to females?

2e. What is the age range of the committee?

2f. How long have the other committee members been in the committee?

Theme: Resident Committee Meetings

1. How often does the committee meet?

1a. Who attends the meetings?

1b. In respect to age, gender and health status?

1c. Are only residents at the meeting or do staff attend?

1d. Who does not attend?

1e. In respect to age, gender and health status?

2. You said that residents and staff/just residents (delete as appropriate) attend the meetings. Do you think this is a good structure?

2a. Why do you think this?

3. What issues are discussed at the meetings?

3a. Who are the discussants?

3b. Are there usually any vocal residents in the meetings?

3c. Do people raise questions in the meetings rather than going straight to management?

Theme: Purpose of the Resident Committee

1. What do you think that the role of the resident committee is?

1a. Do you believe that they can achieve this?

2. Do you feel like the resident committee has power or influence in the home?

2a. Why do you think this?

3. Do you believe that the resident committee can achieve what they set out to do?

3a. Do you have any examples of the resident committee achieving or not achieving their goals?

Theme: Staff Influence

1. Is there a hierarchy of care staff within the home?

1a. Who is in charge of the carers?

1b. Are there senior carers in charge of the other care assistants?

2. *_____ (specify document) states that you have _____% of agency workers. Do you feel like there is a difference in the status of those employed by the home and those employed by an agency?*

2a. Why do you think this is?

3. How do staff voice any issues?

3a. Do they voice their grievances?

3b. Who do they go to?

3c. Are issues usually resolved?

4. Do staff members have a say in how the home is run?

4a. Do they make any suggestions to improve the daily running of the home?

4b. Are they able to influence the activity schedules of the home?

Theme: The Wider Community

1. This facility was built at the heart of the community. Do you feel like the wider community have any say in how the facilities are run?

1a. Does the wider community have any role in the decision making?

1b. If there is a resident committee, are any members of the wider community on it?

2. Do you believe that the opinions of the residents and the wider community are considered to be equal in this care scheme?

2a. If yes, do you have any examples of when the views of both were considered.

2b. if no, do you have any examples of when the view of one group was considered more important than the other?

3. Have there been any examples of collaborative action between the residents and the wider community?

3a. If yes, is it an ongoing occurrence?

3b. If no, what do you believe is stopping this joint action?

Theme: Care Quality Commission

1. How important is the Care Quality Commission to the home?

1a. Why do you think this is?

1b. How is the schedule adapted to account for duties relating to the CQC?

2. How do inspections impact on the way that the home is run?

2a. The latest report showed that _____ (suggestions from CQC report). How will you resolve/ continue doing this?

2b. Were you happy with the outcome of the inspection?

3. How do the regulations regarding staff training impact on how staff are trained?

3a. Does the adherence to regulations detract from the time that staff are able to do more than care for the residents?

4. Does the amount of paperwork and record-keeping required by the CQC impact on the ability of the carers and the managers to do more than just care for the residents?

4a. If yes, what do you believe are consequences of this?

4b. If no, how do you feel like the carers manage to overcome their obligations without making its impact on the residents.

Questions Answered by each Key Informant

The activity coordinators were asked questions from the following built environment themes: care home schedule, communal areas and duration of use. As the care home did not have a resident committee, the activity coordinator from this organisation only answered questions from the political built environment guide. However, the extra care setting did have a resident committee, so the activity coordinator was asked questions from the political capital guide from the themes; the resident committee, committee meetings, and the purpose of the resident committee. Care staff at both schemes were asked questions from the following themes for the built environment: care home schedule, communal areas, duration of use, staff, family and friends, and the wider community, and from the staff influence theme in the political capital interview guide. The handyman at the extra care setting had the potential to answer questions from the same themes as the care staff.

Further questions about his influence in the community were created before the interview to account for the difference in his role in contrast to the care staff. The receptionist was only asked questions from the built environment guide about the care home schedule, family and friends, and the wider community. Managerial staff (the care coordinator, the director of innovation and the manager) had the potential to be asked all of the questions from both guides.

Appendix D: Built Environment Interview Guide

Interview ID: _____

Interview Guide: The Built Environment

Care Facility:

Date:

Time of Day:

Name of Interviewee:

Interview Questions

Background Questions

1. What is your job title?
2. What are your responsibilities?
3. How long have you been with the organisation?

I have a variety of questions that I would like to ask so that I can understand the role of communal spaces in the home.

Theme: Building the Facility

1. Were you involved in/ aware of the plans for building the home?

If yes, move to question 2. If no, move onto another theme.

2. What facilities were planned for the community?

2a. Do you have any plans for the communal spaces that we could have?

3. In general, do you think that the communal spaces are being used in the way that they were designed to be used?

Theme: Care Home Schedule

1. What does a typical day look like in _____ (specific care facility)?

1a. When does the day usually begin?

1b. When does the day end?

1c. When is breakfast, lunch and dinner served?

1d. Is there a schedule for the provision of medication?

2. What activities go on throughout the week/month?

2a. Do you have a timetable of events?

2b. How do these events change seasonally?

2c. Who usually attends these activities?

Theme: Communal Areas

In the next set of questions that I want to ask, I would like to understand how residents use the different spaces within the home.

1. Where do residents spend most of their time?

1a. Why do you think this is?

If the answer is not about a communal area, move to question 2 if it is, move to question 3.

2. Of all of the communal facilities available, which are used most by residents?

2a. Why do you think this is?

2b. Is this true of men and women?

2c. Is this true of those of different ages?

2d. Is this true of those with different health status?

3. Of all of the communal facilities available, which are used least by residents?

3a. Why do you think this is?

3b. Is this true of men and women?

3c. Is this true of those of different ages?

3d. Is this true of those with different health status?

4. Do residents ever leave the site?

4a. If yes, where do they go? If no, why not?

5. Do you feel like this site offers facilities that cater to the needs of residents so that they do not need to go elsewhere?

Theme: Duration of Use

1. You stated that _____ (specific facility) is used most by residents. What time of day do they usually use it?

1a. How long do residents usually spend in _____ (specific facility)?

1b. Is this the same throughout the week?

1c. How do residents usually get to _____ (specific facility)?

1d. Do they require help from staff/ residents?

2. You also have _____ (facilities) that are highlighted in the _____ (specific document), When is this commonly used throughout the day?

2a. How long do residents usually spend in _____ (specific facility)?

2b. Is this the same throughout the week?

3. You have spoken about a variety of communal facilities. Do you believe that any of them are important in developing communities/ promoting social interaction in this residential scheme?

3a. Why do you think this?

Theme: Staff

Now I would like to discuss the role of staff in communal facilities.

1. Do staff (you) encourage residents to go to the communal areas?
2. What is the role of staff in the communal areas?

2a. Are communal spaces, places for staff and residents to meet?

2b. Do staff engage with residents about topics other than caring?

2c. Do you feel like communal areas are more informal locations for staff and residents to meet?

3. Are communal spaces used by staff members, or do you feel like they are solely for the use of residents?

3a. Why do you think this?

Theme: Family and Friends

We have discussed residents and staff in communal areas, now could we talk about the use of communal areas by family and friends.

1. What type of family/friends visit?

1a. Do residents children/ grandchildren/ work colleagues/ neighbours etc visit?

2. When do family and friends visit residents?

2a. Is there a particular day(s) of the week?

2b. Is there a particular time of the year when friends and family visit more often? (e.g. birthdays, religious holidays)

2c. Do some residents have family who visit more than others?

3. How long do family/friends typically visit for?

3a. SPECIFIC TO THE CARE HOME: Is it possible to see a visitor book? We are interested in information about the relationship between visitor and residents, day of the week and also the duration of the stay.

4. What facilities are used most commonly by friends and family?

4a. Why do you think this is?

5. What facilities are used least often by friends and family?

5a. Why do you think this is?

6. What is the impact of visitations from family and friends on the residents?

6a. What is the experience for those who do have visitors?

6b. How do the residents who have few visitors respond to those who do have visitors?

Theme: The Wider Community

This site has facilities that are not only available for the residents, but they are also open to the wider community. I would like to ask some questions relating to the facilities used by the wider community.

1. What facilities are used by the wider community?

1a. What time of day are these facilities used?
1b. What time of week are these facilities used?
1c. What are the opening hours for these facilities?

2. Do residents interact with the wider community in the communal spaces?

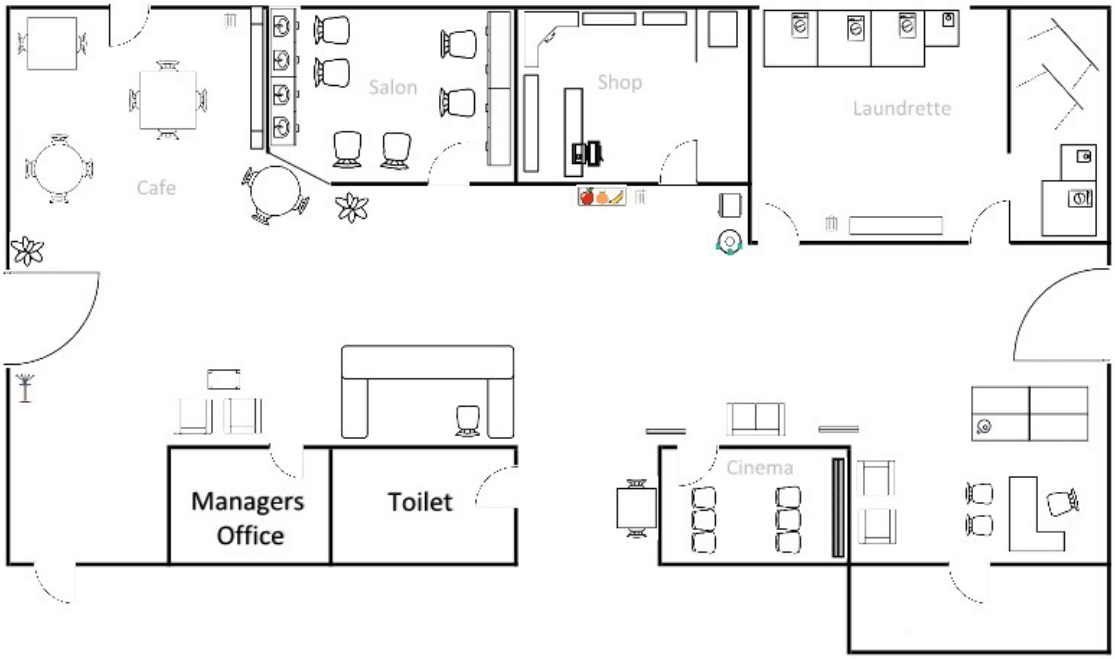
3. How do you think the residents feel about the wider community using their facilities?

4. There are also communal spaces that are specific for the use of residents. Are these used more/less than the communal spaces open to the wider community?

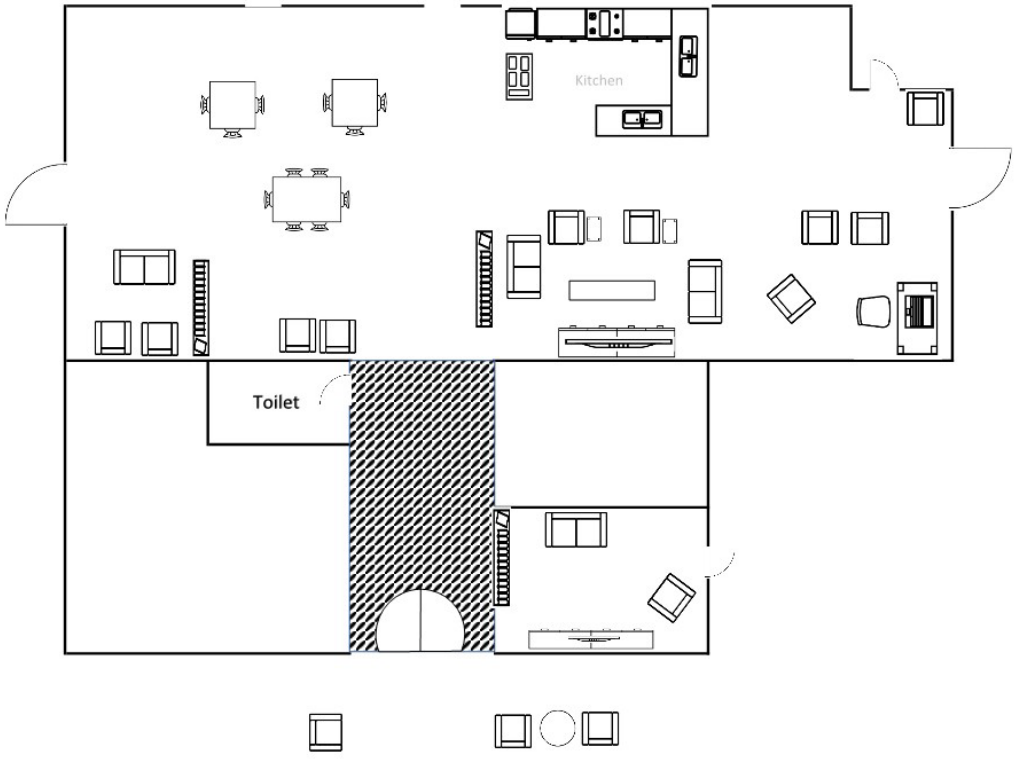
4a. Why do you think this is?

Appendix E: Sketch Maps for the Utilisation Surveys

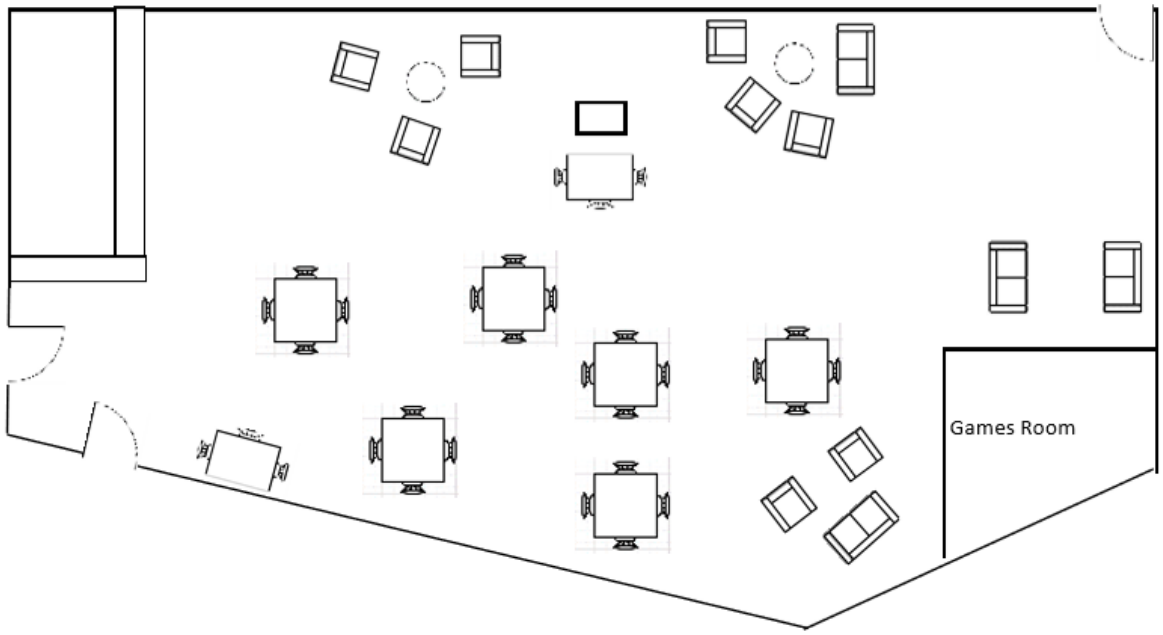
Sketch Map of the Care Home Café Area (Source: Author, 2018)



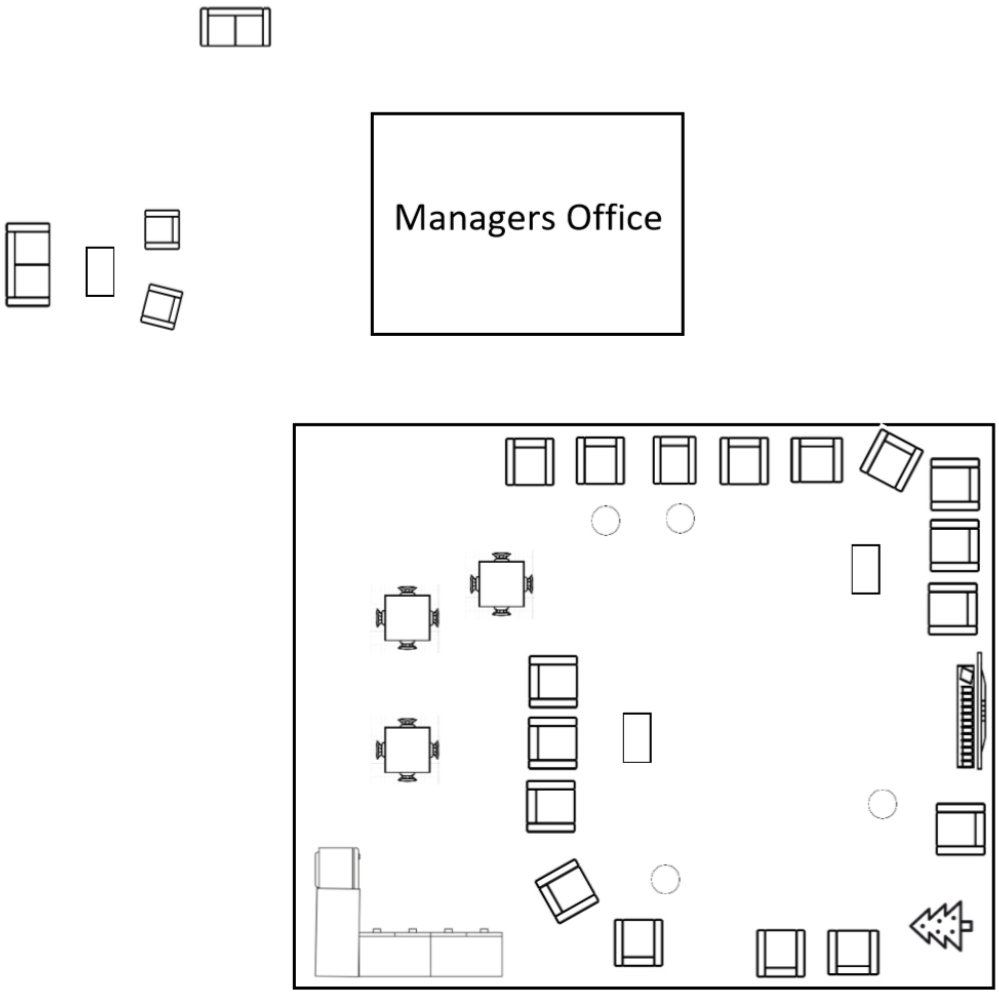
Sketch Map of a Care Home Household (Source: Author, 2018)



Sketch Map of the Extra Care Café (Sources, Author, 2018)



Sketch Map of the Extra Care Setting Communal Lounge Area (Source, Author 2018)



Appendix F: User Utilisation Guide

Care Facility:
Room:
Date: / /
Time:

1) People Count			
Role	Sitting	Standing	Total
Resident (R)			
Care Staff (C)			
Managerial Staff (M)			
Shop Worker (S)			
Family/Friends (F)			
Public (P)			
Other (O) (Please Describe)			

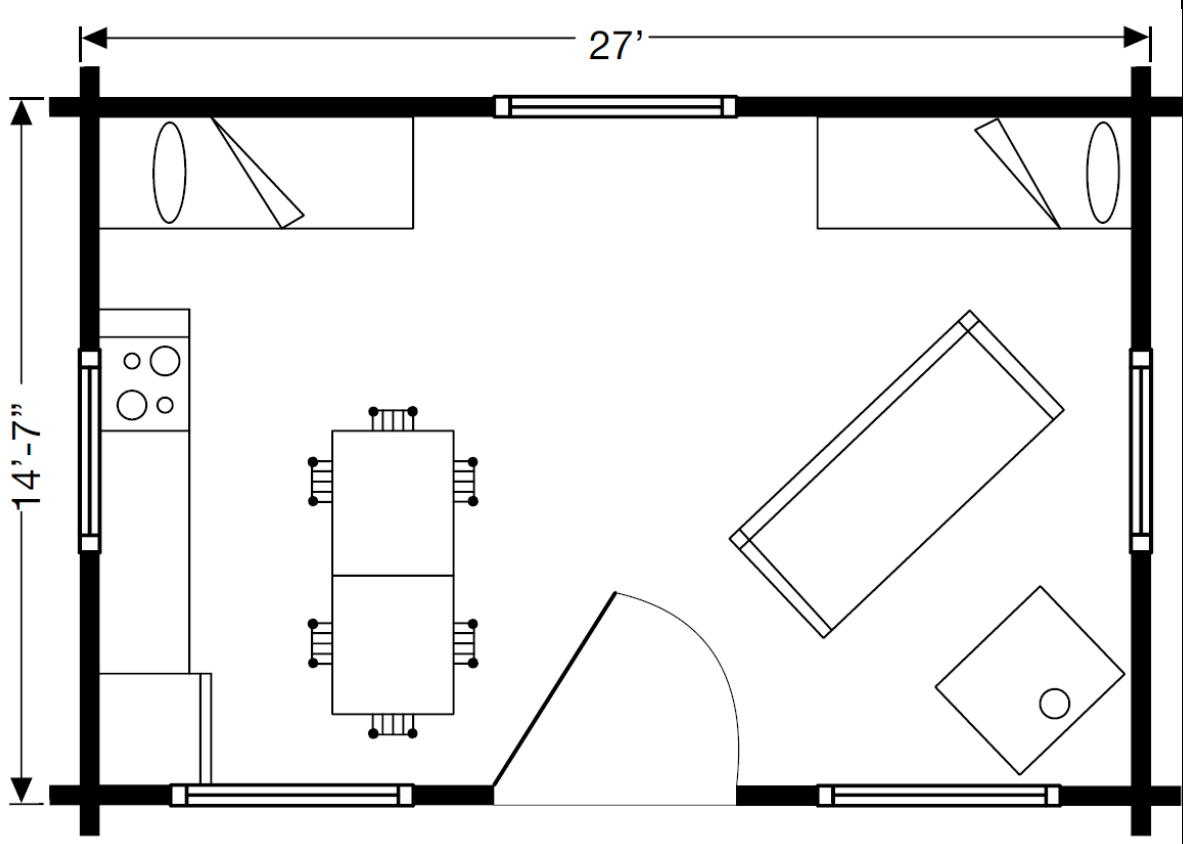
2) Interaction Identification		
Interaction	Count	Description
No Interaction - Alone (A)		
Caring Interaction (CI)		
Social Interaction (SI)		
Work interaction (WI)		
Transaction (TI)		
Other (OI) (please describe)		

3) Behavioural Mapping

Care Facility:
Room:
Date: / /
Time:

4) Physical Conditions
Temperature: ℃
Weather:
Lighting:

Sketch Map of _____



(example of a sketch map)
Source: Author (2018)

5) General Observations:

The definitions for each term used in this survey are described below.

Gender Key Definitions	
Term	**Definition**
Man (M)	An individual who would be classified as a man.
Woman (W)	An individual who would be classified as a woman.
Boy (B)	A child who would be classified as a boy.
Girl (G)	A child who would be classified as a girl.
People Count Definitions	
Term	**Definition**
Resident (R)	An individual who lives in the residential scheme.
Care Staff (C)	An individual who works in the residential scheme who is in a caring role.
Managerial Staff (M)	An individual who works in the residential scheme who is in a managerial role.
Shop Worker (S)	An individual who works in the residential scheme at one of the in-house facilities, for example, a store cashier or a waitress. They are not care or managerial staff.
Family/Friends (F)	Family or friends of the residents who live in the care scheme.
Public (P)	People who do not live in the care scheme and would not be classified as family or friends of the residents.
Other (O)	Anyone who does not fall under the above categories, e.g. maintenance workers or emergency staff.
Sitting	An individual is sitting down.
Standing	An individual is standing up.
Interaction Identification Definitions	
Term	**Definition**
Alone (No Interaction)	An individual who is not interacting with anyone else. They are sitting in their own space, and they have no contact with others.
Caring Interaction	This is an interaction where someone is looking after someone else, e.g. helping someone walk into the room or helping them to eat.
Social Interaction	This is an interaction where people are talking or discussing general topics that are not care related, e.g. talking about football or the weather.
Work Interaction	This is an interaction where individuals are talking about topics solely related to their work. For example, a carer may be talking to another carer about the daily schedule for the scheme.
Transaction Interaction	This is an interaction where someone may be buying something from a store or a restaurant, for example. It must involve at least two people to be classified as a transaction interaction.
Other	Any interaction that would not be classified as alone, caring, social, work or a transaction.

User Guide

This survey consists of five main sections;
Section 1: A People count,
Section 2: Interaction identification,
Section 3: Place-based behavioural mapping.
Section 4: Physical Conditions
Section 5: General Observations

Section 1: The People Count

At the start of the session, count and identify the different type of individuals in the defined location. Please state the gender of the individual based on the following key (M- Man; W-Woman; B-Boy; G-Girl) in the sitting or standing column on form 1). For example:

1)	People Count		
Role	Sitting	Standing	Total
Resident (R)	W, M	M, M	4
Care Staff (C)		W, W	2

This shows four residents in total in the specified area; 1 female and one male resident are sitting, and two male residents are standing. There are also two female care staff who are standing.

Section 2: Interaction Identification

Once Section 1 has been completed, use Section 2 to identify the forms of interaction taking place in the defined location. Use the shorthand letters identified after each potential role, e.g. RM for a Male Resident, to note down who is (not) interacting and describe briefly the form of interaction that is taking place.

	Interaction	
Type of Interaction	Count	Description
Alone (A)	RM RW	One male resident is sitting alone in the corner of the room, and one female resident is sitting looking out of the window
Caring Interaction (CI)	CW+RW RW+RW	One female carer is looking after a resident. One female resident is also looking after another resident
Social Interaction (SI)	RW+RW+RM CW+CM RW+CM	Three residents are having a general conversation. Two carers are talking about non-work-related topics. One resident and one carer are talking about the resident's life before entering the home
Work interaction (WI)	CW+CM	One male carer and one female care are discussing the dinner schedules for the day.
Transaction Interaction (TI)	PM+ SW	One male member of the public is purchasing a meal from the café and is paying a female cashier for their purchase.
Other (OI)	PW	One female member of the public is buying a bar of chocolate from a vending machine.

Section 3: Behavioural Mapping

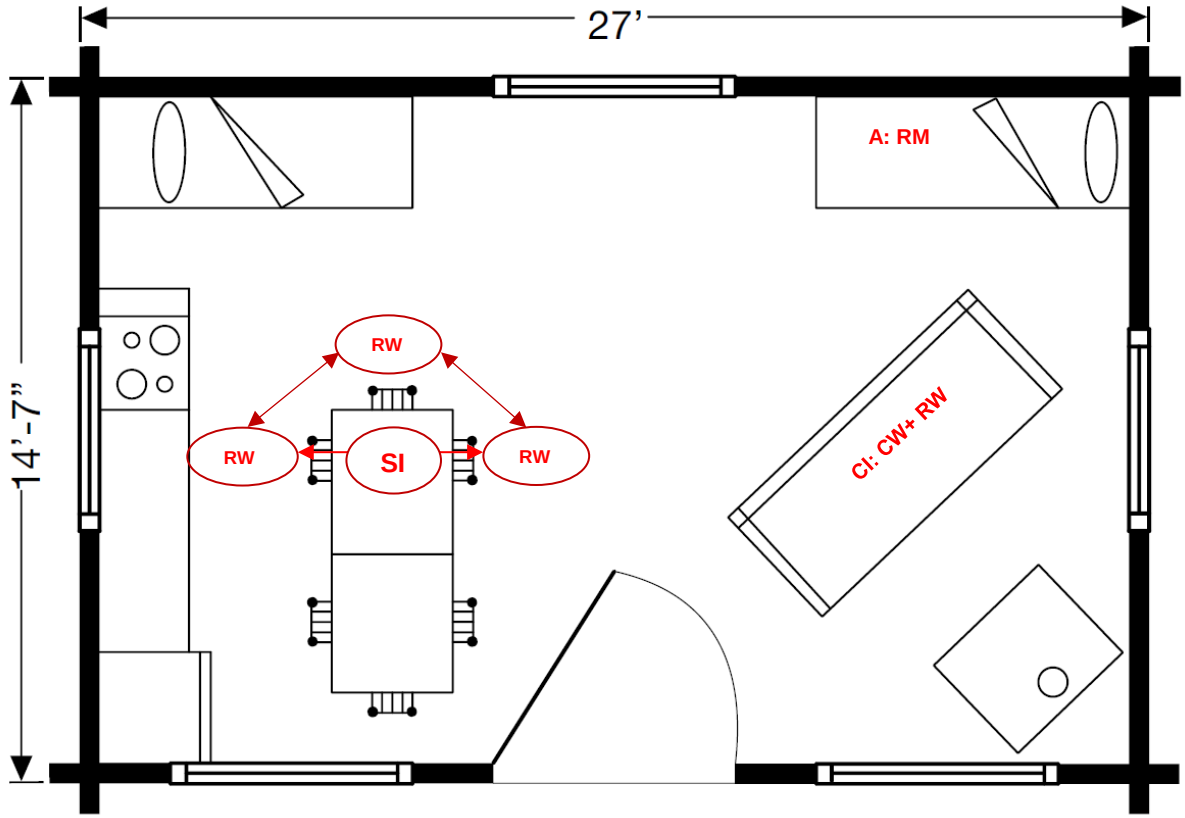
This is an activity that should accompany each built environment utilisation survey that is completed. Take the map for the given location and identify where the activity is taking place. After this has been established, write out the forms of interaction using the following structure:

Type of interaction: Individuals involved in the interaction

For example, suppose a caring interaction is taking place between a female carer and a female resident on the sofa. In that case, the sketch map will be annotated as CI: CW+ RW (Caring Interaction: Female Carer + Female Resident).

If a male resident is sitting alone, it would be annotated as A: RM (Alone: Male Resident)

If social interaction is taking place around a table between three female residents, the suggested annotation is shown below:



Section 4: Physical Conditions

In this section, note down the temperature, weather conditions (e.g. sunny, raining, dry) and information about the lighting (e.g. dull, bright, dark or light).

Section 5: General Observations

Section 5 can be used to highlight any general observations that are seen in the area being researched. This can include the time that people spend in the area, how they move into the area and where they may travel from and to.

Appendix G: The Care Home Observation Schedule

Key	
Café Area	Observing facilities including the café, hair salon, laundrette, shop and reception area.
Activity	Observing an activity from the activity schedule
HH1-HH6	Observing one of the 6 households

Based on the interviews with staff at Castle Brook, the following built environment survey timetable was developed.

	Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 AM	8:00 AM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	8.20 AM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	8.40 AM	HH1 + HH2	HH2 + HH3	HH3 + HH4	HH4 + HH5	HH5 + HH6	HH6 + HH1	HH1 + HH2
9 AM	9.00 AM	HH3 + HH4	HH4 + HH5	HH5 + HH6	HH6 + HH1	HH1 + HH2	HH2 + HH3	HH3 + HH4
	9:20 AM	HH5 + HH6	HH6 + HH1	HH1 + HH2	HH2 + HH3	HH3 + HH4	HH4 + HH5	HH5 + HH6
	9.40 AM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
10 AM	10.00 AM	HH1 +HH2	HH2 + HH3	HH3 + HH4	HH4 + HH5	HH5 + HH6	HH6 + HH1	HH1 + HH2
	10.20 AM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	10:40 AM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
11 AM	11.00 AM	Household	Activity	Activity	Activity	Activity	Activity	Activity
	11.20 AM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	11.40 AM	Household	Activity	Activity	Activity	Activity	Activity	Activity
12 AM	12:00 PM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	12.20 PM	HH1 + HH2	HH2 + HH3	HH3 + HH4	HH4 + HH5	HH5 + HH6	HH6 + HH1	HH1 + HH2
	12.40 PM	HH3 + HH4	HH4 + HH5	HH5 + HH6	HH6 + HH1	HH1 + HH2	HH2 + HH3	HH3 + HH4
1 PM	13.00 PM	HH5 + HH6	HH6 + HH1	HH1 + HH2	HH2 + HH3	HH3 + HH4	HH4 + HH5	HH5 + HH6
	13:20 PM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	13.40 PM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
2 PM	14.00 PM	Activity	Activity	Activity	Activity	Activity	Activity	Activity
	14.20 PM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	14.40 PM	HH3+HH4	HH4 +HH5	HH5 + HH6	HH6 + HH1	HH1 + HH2	HH2 + HH3	HH3 + HH4
3 PM	15.00 PM	Activity	Activity	Activity	Activity	Activity	Activity	Activity
	15.20 PM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	15.40 PM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
4 PM	16.00 PM	HH5 + HH6	HH6 + HH1	HH1 + HH2	HH2 + HH3	HH3 + HH4	HH4 + HH5	HH5 + HH6
	16.20 PM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
	16.40 PM	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area	Café Area
5 PM	17.00 PM	HH1 + HH2	HH2 + HH3	HH3 + HH4	HH4 + HH5	HH5 + HH6	HH6 + HH1	HH1 + HH2
	17.20 PM	HH3 + HH4	HH4 + HH5	HH5 + HH6	HH6 + HH1	HH1 + HH2	HH2 + HH3	HH3 + HH4
	17.40 PM	HH5 + HH6	HH6 + HH1	HH1 + HH2	HH2 + HH3	HH3 + HH4	HH4 + HH5	HH5 + HH6

Appendix H: Updated Interaction Identification Form

Care Facility:
Room:
Date:
Time:

Start Time	End Time	Interaction	Description

Appendix I: The Extra Care Setting Observation Schedule

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
12 PM	12:00 PM	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge
	12:20 PM	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop
	12:40 PM	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge
1 PM	13:00 PM	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop
	13:20 PM	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge
	13:40 PM	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop
2 PM	14:00 PM	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge
	14:20 PM	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop
	14:40 PM	Communal Lounge	Coffee Shop	Communal Lounge	Coffee Shop	Communal Lounge

Appendix J: Focus Group Guide – Community

Focus Group ID: _____

Focus Group Guide: Community

Care Facility:

Date:

Time of Day:

Number of Participants:

Names of Participants:

Instructions for Running the Session

Please note down the Focus Group ID of the session and record this on all papers and voice recordings related to the session.

The focus group aims to gain viewpoints from the participants. Therefore, it is important to try to involve everyone in the session and to try to gain conclusions from the discussion. Both the views of the majority and the minority should be considered.

Instructions for the Focus Group

Questions to read out are in **BOLD.** There are also prompts in order to help facilitate the discussion and to clarify questions for the participants.

Before the session

Ensure that you have:

- Consent Forms
- Information Sheet
- Demographic Sheet
- Debrief Sheet
- Support Sheet
- Tested the voice recording equipment
- Name Badges
- Focus Group Guide

Preparing to start the session

To begin, check to see whether the participants know each other. After this, begin introductions with participants stating their name and also introduce yourself as the researcher, and hand out stickers to enable participants to write their names on for their name badges. Try to draw a map of where each of the participants is sitting.

Before you start, make sure that everyone can see each other and read out the statement on confidentiality:

Opinions expressed will be treated in confidence among project staff to investigate the social support and community networks available to residents living in community-orientated residential schemes.

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Unless they are anonymised in our records, your data will be referred to by a unique participant number rather than by name. If you consent to being audio recorded, all recordings will be destroyed once they have been transcribed. Your data will only be viewed by the researcher/research team.

The results of this study will be published in my PhD thesis, and this will be published online. They may also be summarised in published articles, reports, presentations and online. Quotes or key findings will always be made anonymous in any output unless I have your prior and explicit written permission to attribute them to you by name.

Next, provide participants with the information sheet, the consent forms, the demographic forms, and go through the information with the participants and ask them to sign the form.

The final step of the pre-focus group stage is to check that there are no objections to the use of the audio recorder; then switch it on.

Introduction to the session

Start by restating the purpose of the meeting. Use a statement such as:

I am very appreciative of the time that you have put aside to talk about your experiences of living in the care home/ the extra care setting (delete as appropriate). The purpose of this focus group is to understand the social support networks available to residents in the care home/ the extra care setting (delete as appropriate). This information will help us to understand the potential benefits of living in a community-orientated scheme for those over 55. I would like to begin with the theme of community, and after that, I would like to discuss your social life. The final discussion will be based around family, friends, staff and the wider community. There are no right or wrong opinions, and I would like you to feel comfortable expressing what you think and how you feel.

Discussion 1: Theme – Community

The first theme is community. I just want to begin with finding out what you think of when you hear the word community.

1. **What is a community?**

Prompt: Try to get individual definitions of community

1a. Can you identify any communities that you know?

1b. Can you identify any communities that you are a part of?

Prompt: Is the care facility mentioned? If not enquire as to why the care facility is not a community.

2. **What features do you need to be a community?**

2a. What characteristics should community members have?

Prompt: should members be similar (men, women etc.) have similar interests? What holds a community together?

3. **In the care home/ the extra care setting is there one main community?**

3a. Are there groups of communities?

Prompt: If so, what is the structure? Ages. Health etc

4. **Are there resident-only communities?**

4a. If so, do you feel like there are defined community leaders?

Prompt: Try to understand the structure of the resident communities

4b. Do you feel like staff members are a part of the definition of community?

4c. Do you feel like the wider community a part of the community? *(Especially for the Extra Care Setting)*

4d. Would family members be considered part of the community? *(Especially for the Care Home)*

5. **How important is the communal lounge to the community?**

The Care Home: Referring to the communal facilities in each household
The Extra Care Setting: Referring to the communal lounge

5a. Is it used by community groups?

5b. Is it used by groups of residents?

5c. Is it used by family members?

Prompt: find out how important the lounge is, in developing/ maintaining a community? Try to find out the duration of use and if any set of people use it more than others.

6. **How important is the coffee shop to the community?**

6a. Is it used by community groups?

6b. Is it used by groups of residents?

6c. Is it used by family members?

Prompt: find out how important the coffee shop is, in developing/ maintaining a community? Try to find out the duration of use and if any set of people use it more than others.

In the Extra Care setting: Can ask about the Grocery Store, Laundrette and the Cinema
In the Care Home: Can ask about the tabletop sale, the quiz night, the skittles club

Discussion 2: Theme – Social Life

The next theme is social life. I just want to understand how living in a care home/ the extra care setting (delete as appropriate) impacts on your social life. By social life, I mean the part of your time that is spent doing enjoyable things with others.

1. **The first question relates to the change in your social life since moving into the care home/ the extra care setting (delete as appropriate). Do you feel like your social life has changed since you moved in?**

1a. Are you more connected to your new neighbours?

1b. Do you do more activities with your current neighbours compared to your previous neighbours?

Prompt: Try to gain a view as to whether it has improved/ how it has improved

2. **The next question relates to the activities that you may be a part of. Who here is a member of a social group or does activities in the care home/ the extra care setting (delete as appropriate)?**

Prompt: THE EXTRA CARE SETTING, e.g. Tea each day in the communal lounge does that define a community?
Cake on a Sunday, does that define a community?

Prompt: THE CARE HOME - dominoes club is that a community?
Does the household set-up lead to the idea of a community?

2a. Do you go on outings, meals out attend events with these people?

2b. Do you speak to group members of the activities outside of the activity time?

2c. Would you consider people who you engage with at these activities friends?

2d. Do you feel like community is defined by the social activities that are undertaken?

3. **Was the chance of becoming a member of a community a draw for you to this facility?**

2a. Do you feel like there is a community spirit here?

2b. Do you feel like residents are willing to help one and other if they need help?

2c. Do you enjoy the events put on in this facility?

Discussion 3: Theme – Family, Staff and the Wider Community

The final discussion is on the role of family, staff and the wider community in the care home/ the extra care setting (delete as appropriate).

1. **To begin, I just want to understand how important staff are to you/residents/community?**

1a. What influence do they have on the residents?

1b. Do you feel like you can talk with staff members about social topics?

1c. Do you consider staff to be members of the care home/ the extra care setting (delete as appropriate) community?

2. **How do you feel about the idea that family and friends can be a part of the community?**

2a. How important are family to you/residents/community?

2b. Do you ever interact with each other's family, or do you spend time mainly with your own family?

Prompt: Check to see whether it goes beyond a general greeting

2c. Do you consider family to be members of the care home/ the extra care setting (delete as appropriate) community?

3. **How important is the wider community to you/residents/community?**

3a. What influence do they have on the residents?

3b. Do you consider the wider community to be members of the care home/ the extra care setting (delete as appropriate) community?

Prompt: Are there opportunities for residents and the wider community to meet?

3c. How regularly do the residents interact with the wider community?

3d. Are you happy to share facilities with the wider community?

Ending the session

Finally, summarize the discussions and thank participants for their time.

Remember to collect the participant consent forms and provide participant debrief sheets and the support sheet.

Appendix K: Social Network Mapping Guide

Interview ID: _____

Social Network Mapping Interview Guide

Care Facility:

Date:

Time of Day:

Names of Participant:

Length of Time in Care Facility:

Age:	**Under 35 years**	**35-44 years**	**45-54 years**	**55-64 years**	**65-74 years**	**75 years or older**
Marital Status:	**Single, never married**	**Married or domestic partnership**	**Widowed**	**Divorced**	**Separated**	

Part 1: Questions about Social Networks

This is a two-part exercise to understand the community links that you have. First, we will discover the important people in your life and establish when you can spend time with them. After this, we will produce a physical mapping exercise whereby we draw the links you have with your close network of support.

Family Questions						
1. How many of the following members of your family age 18 or older do you have who are still alive? (0,1,2,3,4,5+)						
	0	1	2	3	4	5+
Sisters (include step-sisters, half-sisters and adopted sisters)						
Brothers (include step-brothers, half-brothers and adopted brothers)						
Daughters (include step-daughters and adopted daughters)						
Sons (include step-sons and adopted sons)						
Other relatives (grandparents, grandchildren, in-						

laws, aunts, uncles, etc.)						

2. How often do you see members of your family? If you have more than one adult sister, brother, daughter or son, please think about the sister, brother daughter or son you have the most contact with.

	Daily	At least several times a week	At least once a week	At least once a month	Several times a year	Less often
Sister						
Brother						
Daughter						
Son						
Other relative						

3. How often do your members of family visit you? If you have more than one adult sister, brother, daughter or son, please think about the sister, brother daughter or son you have most contact with.

	Daily	At least several times a week	At least once a week	At least once a month	Several times a year	Less often
Sister						
Brother						
Daughter						
Son						
Other relative						

4. How often do you visit your members of family? If you have more than one adult sister, brother, daughter or son, please think about the sister, brother daughter or son you have most contact with.

	Daily	At least several times a week	At least once a week	At least once a month	Several times a year	Less often
Sister						
Brother						
Daughter						
Son						
Other relative						

5. About how long would it take you to get to where the members of your family live? Think of the time it usually takes door to door.

	Less than 15 minutes	Between 15 and 30 minutes	Between 30 minutes	Between 1 and 2 hours	2-3 hours	3-5 hours	5-12 hours	Over 12 hours
Sister								
Brother								
Daughter								
Son								
Other relative								

6. And how often do you have any other contact with members of your family, besides visiting, either by telephone or letter?

	Daily	At least several times a week	At least once a week	At least once a month	Several times a year	Less often
Sister						
Brother						
Daughter						
Son						
Other relative						

Friend Questions

Thinking about your close friends – not your husband or wife, or partner, or family member - but people you feel fairly close to

1. How many close friends do you have?	
2. How many of these friends are your close neighbours?	
3. How many of these friends are people you worked with?	

4. Now thinking of your best friend or the friend you feel closest to. How often do you visit this friend? (Please tick one)

	He/ She lives in the same household	Daily	At least several times a week	At least once a week	At least once a month	Several times a year	Less often
Best Friend							

5. About how long would it take you to get to where this friend lives? Think of the time it usually takes door to door?								
	Less than 15 minutes	Between 15 and 30 minutes	Between 30 minutes and 1 hour	Between 1 and 2 hours	2-3 hours	3-5 hours	5-12 hours	Over 12 hours
Best Friend								

6. And how often do you have any other contact with this friend, besides visiting, either by telephone, letter, email and/or social media?						
	Daily	At least several times a week	At least once a week	At least once a month	Several times a year	Less often
Best Friend						

7. What factors prevent you from meeting up with family or friends more often? Tick all that apply.					
Cannot afford to	Too old	No vehicle	Poor public transport	Problems with physical access	Fear of burglary/vandalism
Too ill/sick/disabled	Cannot go out because of caring responsibilities			Fear of personal attack	Other:

Part 1 has been adapted from Bradshaw et al. (1998).

Part 2: Social Network Mapping

The next exercise will allow us to map out your close friends and family on a diagram. The focus of this exercise is you and those who may be able to offer you with support. Therefore, to begin, you have been placed at the centre of the small circle.

There are 3 circles in total. In each circle, you will need to enter the initials of people who you trust and provide you with some form of support.

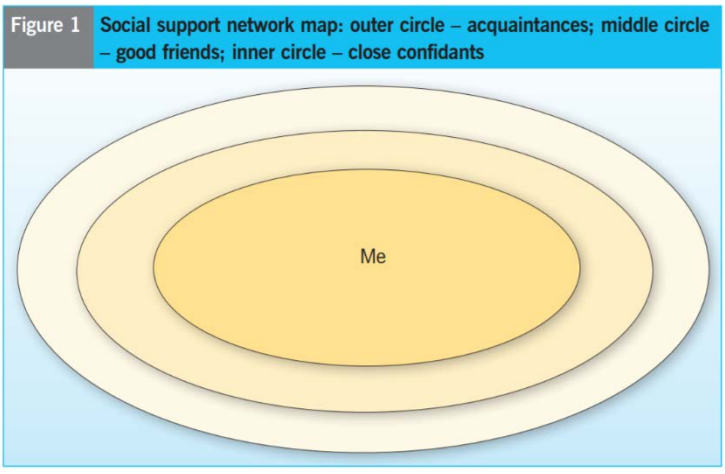


Figure 1 Social support network map: outer circle – acquaintances; middle circle – good friends; inner circle – close confidants

We will now begin the exercise.

1. In each circle enter the initials of the person who you trust (best to group individuals who know each other in the same quadrant/near to each other, e.g. Married couples)

(The circles can feature people who are important to your life right now, but are not necessarily equally close)

Circle 1 – Close friend **– People who are so close to you that it is hard to imagine life without them (e.g. spouse, best friend, parent, child)**

Circle 2- Good Friend – **people who you may not feel quite that close but are still important to you, fairly close (in-laws etc., significant but may not survive a divorce)**

Circle 3 – Acquaintances – **people who you have not already mentioned but are close enough and important enough that they should be placed in your personal network (e.g. co-worker or classmates who you exchange support with but do not see outside of work)**

The table overleaf can be filled in to keep track of the people mentioned on the map

2. Next, you draw arrows between people who support one and other. They may connect with you at the centre but may not.
3. The next step is to ask various questions to understand the relationship between you and the people you have identified.

Part 3: Scenarios (also adapted from Bradshaw et al. 1998)

Part 1 and Part 2 have now been completed. The final section of this exercise involves using the social network map to answer some questions.

In the following scenarios identify up to 5 people.

Hypothetical Scenario Questions

Who would you go to:

- When you need help around the home if you are in bed with flu/illness?
- When you need help with a household or garden job that you cannot manage alone, for example, moving furniture?
- For advice about an important change in your life, for example, moving to another area?
- When you are upset?
- When you feel a bit depressed and want someone to talk to?

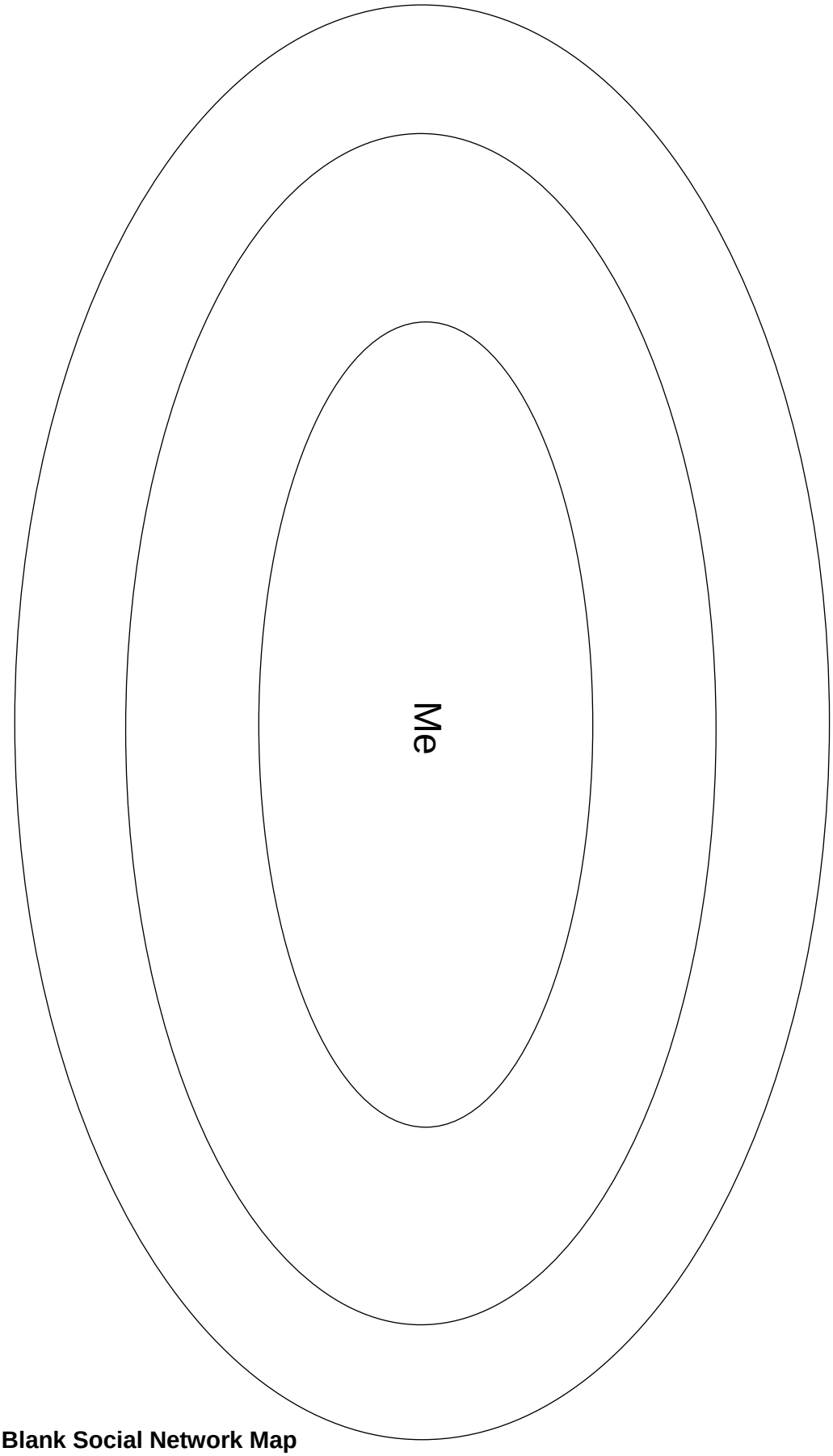
Real-Life Scenario Questions:

Who has helped you in the last 3 months:

- With practical things?
- To run errands or do shopping?
- With nursing care?
- To talk about problems and worries?
- Given encouragement and reassurance?
- Provided an exchange of affection (hug etc.)?

How satisfied are you with your friends? Family life? 1- very dissatisfied 2-dissatisfied 3-OK 4-Satisfied 5-Very Satisfied

Interview ID:		Fill in to keep track of the people mentioned		
Initial	Gender	Relationship (e.g. Brother, Sister, Friend)	Strength of Relationship 0- No relationship 3 - Strong relationship	Circle (1, 2 or 3)



A Blank Social Network Map
(Source: Author, 2018)

Appendix L: Focus Group Community Activity Conducted in the Care Home

Focus Group Activity for the Care Home Residents

Activity 1 – What is a community?

For the first activity, hand out a set of cards A to each participant.

Each participant should have three piles – 'Yes', 'No' and 'Maybe'.

Read to the Participants:

The first activity aims to understand what you believe to be the characteristics of a community. You should have three piles – 'yes', 'no' and 'maybe' in front of you.

I have a set of cards featuring words that could potentially be used to define a community.

I will give you each a card, and you can place the card into the 'yes', 'no' or 'maybe' pile depending on whether you would use that word to describe a community. After each word, we will have a short discussion, and anyone who wants to explain why they placed each card into a pile can do so.

After all of the cards have been placed into a group, there will be 2 more small discussions, first about the cards in the 'no' group, then about the cards in the 'maybe' group.

The final part of Activity 1 focuses on the 'yes' group. Give the residents the cards from card set C. Get the residents to order the cards in the 'yes' pile from most important feature to the least important feature. After this, you can have another discussion with the residents.

Card Set A: Groupings

Yes	No	Maybe

Card Set B: Potential Characteristics of a Community

People coming together	Support	Like different things	Are similar	Family
Places	Sharing	Selfish	Are different	Groups
Belonging	Like the same thing	Talking	Friendship	Strangers

Card Set C: Most Important and Least Important

Most Important	Least Important

Activity 2 – Who is a part of your community?

For the next activity, you will require card set A, card set C and card set D. Read the following to the participants.

Read to the Participants:

For the next activity, we will be focusing on who you believe are a part of your personal community. Again, I will hand you cards, and you can place them into the 'yes', 'no' or 'maybe' pile. After each card, we will discuss why you placed that community member in each pile.

After all of the cards have been placed into a group, there will be 2 more small discussions, first about the cards in the 'no' group, then about the cards in the 'maybe' group.

The final part of Activity 2 focuses on the 'yes' group. Give the residents the cards from card set C. Get the residents to order the cards in the 'yes' pile from most important member of their community to the least important member of their community. After this, you can have another discussion with the residents.

Card Set D: Potential Community Members

Family	Care Home Friends	Staff	Other Friends
Work Colleagues	School Friends	Neighbours	

Activity 3 – Communities that you are a member of

The final activity requires card sets A, C, and E. Read the following to the participants:

Read to the Participants:

For the final activity, we will be exploring the communities that you are a member of. As with before, I have a set of cards, but these list potential communities you may be a member of. Again, I will hand you cards, and you can place them into the 'yes', 'no' or 'maybe' pile. After each card, we will discuss why you placed the card in a specific pile.

After all of the cards have been placed into a group, there will be 2 more small discussions, first about the cards in the 'no' group, then about the cards in the 'maybe' group.

The final part of Activity 3 focuses on the 'yes' group. Give the residents the cards from card set C. Get the residents to order the cards in the 'yes' pile from the community that they believe is most important to them, to the community that is least important to them. After this, you can have another discussion with the residents.

Card E: Potential Resident Communities

Care Home	Church	Hobbies	Other Friends
Old Neighbourhood	Old Street	Households in the Care Home	Friendship group in the Care Home

Appendix M: Resident Participation in the Third Phase of the Research

Resident Participation in The Extra Care Setting

In the extra care setting, five residents took part in the third phase of my research (R11, R12, R13, R14, R15). Female Resident R11, Female Resident R12, Male Resident R13 and Male Resident R14 responded to the recruitment poster that advertised the focus group. All four participants completed both activities – the focus group and individual social network mapping interviews. After the first activity – the focus group – I asked the four participants if they wanted to complete the social network interviews the following week and they all agreed. I then gave them a time slot for their interview.

Male Resident R15 was unable to participate in the focus group. He approached me after the focus group session, however, and asked to be included in the interview schedule for an individual social network mapping interview for the following week. The table below details the different activities and the participant IDs of the residents who took part in each activity.

Participants for the Resident Research in the Extra Care Setting		
Activity	Focus Group	Social Network Mapping Interviews
Participant(s)	Focus Group 1: R11, R12, R13, R14	Interview 1: R11 Interview 2: R12 Interview 3: R13 Interview 4: R14 Interview 5: R15

Resident Participation in The Care Home

In the care home, ten residents took part in the third phase of my research (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10). The gatekeeper in the scheme identified seven potential residents who met the criteria for inclusion and would possibly want to take part in an individual interview. I went to each resident before the interview, introduced myself and explained what the purpose of the interviews were. All seven residents (Female Resident R1, Female Resident R2, Female Resident R3, Female Resident R4, Female Resident R5, Female Resident R6 and Male Resident R10) agreed to take part in the interviews.

Four residents participated in the focus group exercise. After completing her interview, Female Resident R1 agreed to participate in the focus group. The gatekeeper at the scheme recruited three further residents, Female Resident R7, Female Resident R8 and Female Resident R9, and these residents took part in the focus group exercise. The table below

details the different activities and the participant IDs of the residents who took part in each activity.

Participants for the Resident Research in the Care Home		
Activity	Individual Interviews	Focus Group
Participant(s)	Interview 1: R1 Interview 2: R2 Interview 3: R3 Interview 4: R4 Interview 5: R5 Interview 6: R6 Interview 7: R10	Focus Group 1: R1, R7, R8, R9

Appendix N: Opportunities to Participate Codebook Examples

Below are examples from the opportunities to participate codebook. These examples demonstrate how the transcripts were coded based on two key categories, communal spaces (in this instance, the communal lounge in the extra care setting) and social activities. There are also examples of distance being an opportunity for residents to participate with their family and friends.

Category	Subcategory	Definitions	Examples from Transcripts
Communal Spaces [Extra Care Communal Lounge]	Developing Connections	Opportunities for people to develop connections in the extra care communal lounge	"Go in here in the afternoon and have a chat, have a bit of banter. It's ok duck. My sisters said it's the best thing that I've ever done. I've got someone around me all the time." [R15, The Extra Care Setting] "Even if it is only a quarter of the residents, even if you did say that there was only a quarter of them, I think that it is more than that, I think it's a big part of it's a big part of them living here. It is a huge part of them living here." [S12, The Extra Care Setting]
Communal Spaces [Extra Care Communal Lounge]	Sense of Belonging	Indications of a sense of belonging in the extra care communal lounge and the role that the lounge has in promoting participation in the scheme	"Like they've all pretty much got their seats, you know, and they come down in pairs, yeah. I mean It's nice though because they all came in as individuals and they made some real solid friendships you know, it's lovely, it's really nice." [S9, The Extra Care Setting] "Yeah, they start wandering down here at about twelve-ish, although I think, there are usually like half a dozen people sitting here the same people, it seems to be like a habit. The same people I see when I'm going home at 2 o'clock, I see the same people sitting in the same seats chatting away." [S11, The Extra Care Setting]
Social Activities	Resident Influence	Opportunities for the residents to have an influence have helped to promote participation in the scheme	"But we are going to set up a bowls club, because we have got a few residents that have suggested that they would like a bowls club because they used to play bowls before things started going wrong for them, so yeah." [S6, The Care Home] "This is not so much what I want, this is so much what the residents would like. They will tell me if something isn't working, which is quite good. It's a bit of a comedown, but at the same time, these activities are

			centred around the residents' needs and not mine." [S6, The Care Home] "I've got one more week there and then I might try and switch it for something else. Erm, I'm just going to ask the residents what they think, what they would like." [S9, The Extra Care Setting]
Social Activities	Volunteering	Opportunities for the residents to volunteer have helped to promote participation	"Yeah, we have got one got one man I mean skittles I wouldn't probably, have done without his help really you know, he's been a real asset, erm he comes down, helps, goes and gets and reminds customers, you know, that it's on. Even sometimes he will set up the mat and skittles for me for me arriving at half-past 6, so he was definitely the main person that wanted to start off and from that, it's got on quite well. And there was another 2 ladies they're in the residents association and they help with the skittles as well and encourage other people to come and put word out about how good it is and how they're enjoying it." [S9, The Extra Care Setting]
Distance	Family Connections	Distance to family provides an opportunity for participation	"I nearly have one of my brothers come nearly every weekend to see me, one or the other, whose here will come and see me" [R15, The Extra Care Setting] "I go out with my daughters at the weekend and they come occasionally in the week" [R3, The Care Home]
Distance	Existing Friends	Distance to friends from outside of the scheme provides an opportunity for participation	"I had erm, I had the 2 the one day which was on Friday before the holiday and erm, then my other neighbour came. They're very nice people. They've been to see me. And on the bottom, the wife, she's been 1 or 2 times and the other one's been and her husband's been once with her. They're both very nice people. On the both side, because we live in the same lane" [R4, The Care Home] "Yeah because I erm, I used to belong to a table tennis club. Because the chap who runs the place came over last week came over to see how I was getting on. He said even if you don't play you can come over and watch and you've got someone to talk to. Yeah as I say if you go to something like that, you all have the same interests all time" [R10, The Care Home]

Appendix O: Barriers to Participation Codebook Examples

Below is an excerpt from the codebook featuring some of the barriers to participation identified in the two schemes. It features codes from the choice, distance and existing connection categories.

Category	Subcategory	Definitions	Examples from Transcripts
Choice	Awareness	Residents are unaware of participation opportunities and so they are unable to choose to participate	"R13: Yeah looked into, yeah, yeah it does. And even with the skittles, isn't it, we're getting more and more that didn't know that it was not going on R11: That didn't know, that's right" [The Extra Care Setting] "R10: Yes. I say I wouldn't mind having a go at the Dominos Researcher: Because they are here every afternoon R10: It's on the same time each day isn't it? Researcher: Yes R10: Do they get many people here down there for that? Researcher: I think there's a group who are loyal to it, so about 4 people each day R10: Yes Researcher: Sit in the café and play dominos R10: Oh, yes, I'll have to try that. It's in the afternoon as well" [The Care Home]
Choice	Preference	Residents have a personal preference to not want to participate, and so, they choose not to participate	"I'm happy. There's times when you want an hour on your own to contemplate and clear your mind. Otherwise, I'm always with my friend, the little fire pot." [R4, The Care Home] "Yeah I mean I've always been in my own company and I choose what I want to do not what other people decided I should do." [R5, The Care Home] "If you want to sit in your flat and not come down, that's your choice." [R11, The Extra Care Setting]
Choice	Budget	Financial issues form a barrier and do not provide	"We do try to get entertainment come in once a month depending on my budget because my budget is like from fundraising and things like that

		people with the choice to participate/ provide opportunities to participate	and entertainment isn't cheap, but, I try to vary it, but I don't have it all the time because I can't afford to." [S6, The Care Home] "We don't really have much of a budget, at all like everything you know. And with the skittles and everything, they're all there. I got, I brought, I buy a lot of bits and bobs from the charity shop, like the nail varnish things, I bought a big set from the charity shop just a couple of pounds." [S9, The Extra Care Setting]
Distance	To existing community connections	Distance to family/friends and existing communities' limits participation	"I've got a niece in Canada, a nephew in Australia a cousin in Bristol, so they're not local." [R5, The Care Home] "Erm, some because of their circumstances or other commitments, they may live away, erm there are people who don't have family living locally, so erm obviously they don't see them for long periods of time." [S12, The Extra Care Setting]
Distance	To Facilities	Distance to facilities within the scheme form a barrier to participation	"There are obviously 75 units here. A lot of people, some of them couples, and there are people that never come down here. Some can't get down here, into the lounge. I'd say generally, 75% of the people here are very pleasant and sort of er, not moaning – that was my biggest fear when I came here, that everyone would be moaning about the tablets and everything, but they don't. Well if you do hear somebody, it's usually a one to one." [R11, The Extra Care Setting] "R14: It's in the wrong place R11: People wander down R14: It should be halfway between the front and back because people living in the front apartments have a hell of a long walk." [The Extra Care Setting]
Existing Connections	Small Social Networks	There are limited opportunities to participate due to the participant highlighting that they do not have many family or friends	"Family. I haven't got any family, no." [R2, The Care Home] "The family-wise. I see once in a blue moon and that's fine with me. I've come to the conclusion that's it. I don't mind and that doesn't bother me." [R13, The Extra Care Setting] "I've got little family left now" [R5, The Care Home]

			"No, I haven't got any friends or relatives, so that's a. I think most people have got friends and relatives come to see them. I'm on my own now, I have been for the last 4 years now." [R10, The Care Home]
Existing Connections	Loss	Experiences of loss and of important relationships/ connections limit participation opportunities	"I've got school friends, but they've nearly all gone now. They are, well they were younger than me" [R9, The Care Home] "It's changed drastically. I mean, I was always. I lost my husband 18 months ago and I got used to being without him and I had given all his stuff to the cancer research shop and that. I used to be up early every morning catch the bus, just gone 9 o'clock and I'd either be off to Coventry or into Leamington, bank and do my shopping, I was ever such an independent person." [R1, The Care Home]

Appendix P: Opportunities for Spontaneous Encounters in the Extra Care Setting

The café in the extra care setting was built at the heart of an existing community, with facilities that were open to all. This led to the potential patrons of the café being diverse, and they could have consisted of individuals from a broad range of ages and different walks of life. The scheme staff believed that there might be a positive benefit for some of the residents from being in an environment surrounded by different people. *"Yeah, from what I've spoken to the customers, that's one of their pluses here. They like the fact that they go down and it's not all old people"* (Managerial Staff S10, The Extra Care Setting, November 2018).

Staff also believed that being in the café allowed residents to take their minds off things and that it provided residents with a chance to take a break from their everyday life. This is expressed in the following quote from a member of the managerial team in the extra care setting. *"So, it's nice when they're in the wider community because they can take their mind off their own elements, they can watch others"* (Managerial Staff S10, The Extra Care Setting, November 2018). Therefore, the extra care setting staff suggested that the café should provide residents with opportunities to interact with different people.

The high proportion of observations of the public in the extra care café introduced in Section 5.5.1 could have supported the ambition that residents in the scheme had a greater opportunity to engage in spontaneous encounters with the general public. This was because the general public were identified as the common patrons of the café. The low incidence of interactions between residents and the general public in the extra care café presented in Section 5.5.3.1 suggests that this was an unlikely occurrence.

During the observation week, I observed limited interaction between the two groups. Residents sat with other residents, and the public sat with each other. This could highlight the idea that bridging social capital may not have existed between the public and the residents in the extra care setting. If it did, it would only be in limited cases. It also suggests that the extra care setting residents may not benefit from the spontaneous interaction, as was suggested by the scheme staff.

Appendix Q: Opportunities for Spontaneous Encounters in the Care Home

In the care home, although the café was not open to the surrounding community, it provided residents with an opportunity to feel as though they were living within a community.

Residents had an opportunity to have a break away from their main residence, and they felt as though they were living in an actual community. The experience of going to the café made the residents feel as though they were living in a community rather than in a care home. This was the opinion of the receptionist in the care home who believed that residents enjoyed spending their time in the café. She stated:

> *Just in the café area, I'd say, they like to sit there and have a coffee, whether it is with a carer or their relatives I think probably because it is away from the household it is like going to a coffee shop as such* (Receptionist S7, The Care Home, August 2018).

The café was also important to some residents who lived in the care home. This is reflected in the conversation below.

> *Researcher: And how important do you feel the coffee shop is to you living here? Female Resident R2: It really is very important to me; it is, my love. You'd say it's missing us sometimes in the morning, it's much easier. And it's lovely coffee as well.* (The Care Home, August 2019).

The café also provided residents with a chance to relive old routines. Residents were able to do what they used to do before entering the home. A female resident described how her activities in the café mirrored her life before entering the home. She had suffered a loss in the sense of an old routine, but she adapted this routine to the facilities available at the care home. This created an opportunity for her to relive what she once knew.

There were other communal spaces on the ground floor of the care home that could have enhanced the feeling of community life in the care home. These are explained by a member of the managerial team from the care home in the quote below.

> *So, we've got the foyer and the front entrance where you come into, and that's designed specifically to feel like a public space, so we have a café, hairdressers, a laundrette, a cinema, a spa and they're all designed to have a commercial feel to them. So, they are all branded like concessions (*Managerial Staff S2, The Care Home, August 2018).

The facilities were created to mimic living in the community for the residents. The communal facilities were developed to be inclusive for the residents who lived in the care scheme. *"We've designed in that pretty much most of the spaces there are no doors, or there is glass so that they can see in"* (Managerial Staff S2, The Care Home, August 2018).

This could have enhanced the accessibility of the facilities and ensured that the residents were able to get the benefits of living in a community while not having to leave the home. This is important for the residents, especially those who are unable to leave.

The residents also enjoyed the fact that they did not need to leave to go to the hairdressers. *"I mean there's the hairdressers, we haven't got to go outside"* (Female Resident R2, The Care Home, August 2019). They also enjoyed the variety of facilities, such as the cinema and the flexibility that it offered. This idea is reflected in the quote below.

> *Cinema. Yes, and you can choose your own and if you get fed up. I mean all the films aren't what they appeal to a particular person, but you can watch what's coming on like ooh I'll like to see that, oh yes and that's how we all use it* (Female Resident R4, The Care Home, August 2019).

For one resident, it was the only facility that he had used. "*The only time I've been down here is the erm. I've been to the cinema there for a few times"* (Male Resident R10, The Care Home, August 2019). Overall, the residents liked the choices they had and the facilities that they could use. *"You can use, well it's just good. You can use. Well the shop and everything, it's lovely"* (Female Resident R1, The Care Home, August 2019).

Unfortunately, not all of the amenities were as popular with the residents. The care staff mainly used the laundrette. One resident visited once during the observation week to drop off his laundry. The cinema, although identified as a place used by residents in the previous passage, it was not used during the observation week. During the week, renovations were going on in the communal area. The builders used the cinema as their workshop. This meant that no films were shown in the cinema. As it was an atypical week, the residents' normal usage of the cinema cannot be gauged. One point of contention, however, was that no resident seemed as though they were going to the cinema to check to see if any films were showing throughout the week.

Appendix R: Activity Calendars

In the extra care setting, a biweekly activity calendar was created by the activity coordinator. It featured events put on by the scheme and those that were available on the community side of the scheme. "*Every two weeks, I put out a calendar of everything that's going on that day"* (Activity Coordinator S9, The Extra Care Setting, November 2018).

In the care home, the lifestyle coach created a weekly activity calendar. It featured information about the clubs, activities and outings that would occur each day of the week.

In the extra care setting, the activity coordinator placed calendars on noticeboards in the communal lounge for residents to look at. To be inclusive and reach those who did not go to the communal lounge, the activity coordinator also made sure that calendars were put through the letterboxes of everyone who lived in the scheme. *"Some people can't get out of their apartments to access the notice boards, so we make sure that there's a calendar put through every door"* (Activity Coordinator S9, The Extra Care Setting, November 2018).

In the care home, large font versions of the activity timetables were placed on the noticeboards around the scheme, and smaller personal copies were available in each household and on tables throughout the communal areas. When new residents moved in, the lifestyle coach also said that she spent time with them, finding out what hobbies they used to do and what they would be interested in doing in the care home. She noted, "w*hen a new resident actually moves in, I do spend a bit of time with just to see what they like doing, and they always say they used to like doing"* (Lifestyle Coach S6, The Care Home, August 2018). She went through the activity timetable with residents to find out if they were interested in joining any of the existing activities. This process enabled her to create a dialogue with residents enhancing her communication skills.

Appendix S: The Barriers to Participation in Scheme-Run Activities

Health – The Care Home

In the care home, staff members tried to make sure that residents could go to any of the events they were interested in attending. A member of the managerial staff stated, "e*rm what we tend to do is try we will try and get all the residents who are interested in that particular thing to attend"* (Managerial Staff S1, The Care Home, August 2018).

During events, the role of assisting residents was down to the care staff. As part of their job duties, they were there to look after residents. As a result of this, if residents, regardless of health status, wanted to participate, they were given the opportunity to do so.

> *Yep, so people who have more dependency on staff to move, erm obviously they rely more on people to assist them to activities that are away from their households erm, but they are given that opportunity. I wouldn't say access to activities were different depending on their needs* (Managerial Staff S1, The Care Home, August 2018).

The quote above suggests that for some residents, the support given by care staff at the care home was important for them to be able to attend events. This attendance would have provided residents with opportunities to socialise and potentially develop bonding social capital with other residents in the care scheme.

Choice – Timing Issues

In the care home, some residents had issues with the timing of events. This is illuminated in the quote by the lifestyle coach from the care home. "*They have said how they would prefer more mornings than afternoons. And then other residents have said more afternoons than mornings. It gets a little bit like that"* (Lifestyle Coach S6, The Care Home, August 2018).

There were no solutions to rectify this problem. This suggests that there may have been events that residents were interested in, but they were on at times that did not suit their needs, so they chose not to attend them.

In the extra care setting, when trying to create activities and events that would run in the mornings, the activity coordinator discovered that there would be low resident attendance. To counter this, she put on activities at times that she knew residents would be around so that they had the opportunity to join in if they wished to.

> *Because [the activity coordinator] found it better, rather than, she tried to do things in the morning, and nobody was attending. It's very much an afternoon session here.*

> *So, she dips in on their coffee afternoon to do any of her bits* (Managerial Staff S10, The Extra Care Setting, November 2018).

She also was creative and provided spontaneous activities for residents in the communal lounge.

> *So, I usually, if I'm doing crafts or anything, I just sit myself in the corner erm and ask if they want to come up and help and do something. The other thing I have been doing is just handing out little word searches and stuff. Little bits of colouring and giving a prize for the best one. You've just got to sometimes be aware that they're adults, but you know, some of the things that they are doing are quite back to basics really, you know, but yeah* (Activity Coordinator S9, The Extra Care Setting, November 2018).

Appendix T: Resident Run Clubs in The Extra Care Setting

Rummikub Classes (The Extra Care Setting)

In the extra care setting, residents also ran their own clubs, providing a source of informal human capital. There were resident groups that met in their own apartments. One primary source of informal human capital was a female resident who held Rummikub classes in her apartment. *"Well she holds the baby class on a Monday, a mediocre class on a Friday and she calls us in the middle, the professionals"* (Female Resident R11, The Extra Care Setting, June 2019).

The resident brought groups of residents together, promoting bonding social capital in the extra care setting. This bonding social capital could help the residents to maintain their connections to other residents in the scheme. She also enabled a community of interest to form based around the game of Rummikub. This community was resident-only, suggesting that residents in the extra care setting had the ability to provide their own social activity opportunities and develop their own resident communities.

Lottery Pools (The Extra Care Setting)

Another activity that the residents organised amongst themselves at the extra care setting was the lottery pools — each resident who wished to play paid a fixed amount for a lottery number. One resident was in charge of collecting the payments, allocating numbers and paying the prizes to the successful residents who predicted the correct lottery numbers.

This weekly activity provided the chance for bonding social capital to develop between the residents who participated. It also provided a chance to develop leadership skills of the resident who was in charge of the lottery pools. This, in turn, can help to develop the informal human capital in the care environment.

Appendix U: The Facilitators and Barriers to the Communities within the Ecosystem

The second part of the diagram in Figure 43 features the facilitators and barriers to the LTC communities. Some of the facilitators and barriers were relevant to all of the communities; others were only relevant to specific communities within the schemes. For example, support, in particular, was a facilitator that was relevant to all of the communities. Offering residents support provided them with opportunities to participate in the different communities within the schemes. Similarly, health was a barrier that would impact on resident participation in all of the communities in the LTC schemes. Those with poor health would be unable to attend events, clubs or the communal spaces.

An example of a community-specific facilitator was the transient residents. These residents were specific to the households in the care home. Their influence helped to promote social interaction within the households, which helped to create a household community within the scheme. Communication was also identified as a community-specific barrier. It was a barrier to the communities of interest in both schemes. Poor communication limited the growth of these communities as residents were unaware that they existed. Section 6.2.4.1 argued that residents could not be members of a community if they did not know that it existed.